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ANATOMY, SURGERY, AND OPHTHALMOLOGY.

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ART. I.—*The Secondary Diseases of Amputated Limbs.* By JOHN L. NEILSON, M. D., *Resident Physician of the Commercial Hospital, Cincinnati.* (Thesis presented to the Faculty of the Medical College of Ohio, 1866.)

[*Continued from the April number.*]

Disease of the Integumentary and Muscular Structures.—The first two divisions included those cases in which the formation and integrity of the tissues of the stump were perfect; we now come to those diseased conditions which are far more frequent in their occurrence and disastrous in their results, viz: the absolute destruction of tissues by disease; and the division under consideration particularly refers to the soft tissues. In military practice will be seen every variety of destructive degeneration, from the superficial aphthous excoriation to deep, destructive ulceration. We can say there are no complications which so harass the surgeon, defeat the greatest triumphs of his art, impair the comfort of patients, nay, often destroy their lives, as the erosion of newly-formed tissues by ulceration. Be it the simple, ragged, unhealthy ulcer, spreading slowly but surely, or the more rapid and terribly fatal gangrene of hospitals, it has scourged the unfortunate victims of every great war. All, especially during the war just ended, who have had the duty of measuring or the opportunity of observing a number of stumps,

must have been struck by the large proportion of cases which have been spoiled for any useful adjustment of artificial limb by loss of soft tissue. We therefore will see many coming into hospital with every variety of irregularity and deformity; some with great cavities and fissures extending from the extremity of the limb up through the deep muscles, completely destroying them, while the superficial and hardened cicatrix is bound down to the bone and deep tissues as in extensive sloughing burns. Every movement of such limbs causes a dragging sensation, which is extremely irritating, and produces an amount of general nervous disturbance which can only be appreciated by those who have had opportunities of witnessing their discomfort. We have, however, under this heading to speak of those cases which are caused by carelessness in operating or in the after-treatment, resulting in an insufficiency of flap, when there has been no destructive ulceration. In these cases we have a perfectly healthy stump, but instead of its extremity being covered by true cuticle, there is a thin cicatricial tissue stretched, like the parchment of a drum, across the end of the bone. We will often find that the bone itself has made an effort at completing the formation of the stump, and has become widely expanded. Our most carefully directed efforts at producing a permanent cicatrix are futile, for cold, pressure, derangements of nutrition, and blows will cause the covering as it were to melt away, and we have, again and again, the stump denuded and bathed in pus. We may ask why these cases have so frequently occurred? Neglect to prevent contraction of the divided muscles by firmly bandaging—the long distances over which they must frequently be transported, and the frequent handling to which military patients are unavoidably subjected, will account for many. Then we have those cases, and not few in number, resulting from unskillfulness or criminal neglect. The circular operation, in unskilled hands, has produced many. It has been condemned in operations upon the field, because it can be less rapidly executed than the flap, because, too often, when rapidly performed, the integument designed to cover the face of the stump has been dissected in such a manner that it is cut off from its arterial supply, and thus speedily perishes, although one of the chief recommendations of the operation has been from the fact that the arteries are cut transversely, and extend to the very extremity of the divided tissues. Again, although by the transverse incisions the muscles are furnished with fibrous septa to their extremities, still, acting thus more completely in unison, they tend to produce a greater amount of shortening. From these considerations and others the flap operation during the last two years of our war was almost universally employed

upon the field, except in operations high up on the thigh, where, as the incision is more limited than the flap, it is recommended as causing less loss of blood and shock.

I recorded, between the months of May and September, 1864, five cases of insufficient flap and protrusion of the bones of the leg, resulting from the circular operation performed upon the field. In all these cases the operator (Dr. O. D. Norton) was compelled to remove from one and a half to two inches of perfectly healthy bone before the tissues could be perfectly approximated.

Again, amputations too near the knee joint, if the reparative process is protracted, almost inevitably result in permanent contraction or extension; thus disabling the patient from being adjusted with a comfortable limb. The lamentable frequency of such cases, as we have enumerated under this division, should direct the attention of every surgeon to the important effect which amputations, in themselves and with regard to particular points, have upon the proper and useful adjustment of artificial limbs; for if the safety of a patient does not depend upon these considerations, his comfort, happiness, and usefulness may be often increased by a due attention to certain rules which have been recommended to the profession by such artists in artificial limbs as Frank Palmer and others.

The treatment of cases included under the third division is wholly surgical. We may attempt to produce a permanent cicatrix, where there is an insufficiency without serious deformity, by adhesive straps, astringents, bandages, and attention to the general health when it is poor, but we shall find ourselves often disappointed. Even if we produce a complete healing of the surface, it is exposed to destruction from common causes, besides the patient very seldom can bear the pressure of his artificial limb. It may be laid down as a rule that where there is a general tenseness of the integument, with a large amount of cicatricial tissue extending over the face of the stump, there will never be a useful and permanent covering to the bone.

In operating for insufficiency of flap, a single vertical incision is made directly through the face of the stump upon the bone, the tissues dissected from about it, and from one to two inches, as the case may require, be removed. Where there have been extensive sloughs, leaving hardened ridges and bands of fibro-areolar tissue with extensive deformity, it may become necessary to make a complete amputation above the parts affected; however, as a general rule, the incisions are limited, the great vessels avoided, the loss of blood is trifling, while repair is very rapid and satisfactory. The main point to be observed

is to so approximate the tissues as to obtain natural, healthy cuticle for a covering for the extremity of the limb. Plastic operations are not attempted, for they are as hazardous to the patient as the limited amputation, and their success is much more uncertain. Where we have a stiffened joint, passive action will be indicated.

The last division considers the diseases of bone. Very unfrequently do surgeons meet with specific disease of bone following amputation, unless such amputation has been to remove bone affected with malignant or specific disease. Death of the bone, however, following amputations the result of gun-shot wounds, is extremely common. It may result from destructive ulceration of the soft tissues and exposure of the bone, when the exposed portion may perish. A conical ball, in passing through the shaft of a long bone, will sometimes produce a fracture that sends fissures very much higher than the point at which the surgeon has amputated. Again, when amputation has been performed high above the comminuted portion, death of a large portion of the shaft seems to be the result of the shock which the bone has suffered from the passage of the missile. From the cachectic or scorbutic condition of the patient a large portion of the extremity of the bone may perish. Besides these cases, very numerous instances of slight exfoliation occur, the result of fractures from irregular sawing or from neglect to use the bone-gouge forceps. Where there has been extensive destruction of bone, the symptoms are often very severe. The drain upon the system, which has perhaps so recently passed through the shock of a severe wound and capital operation, added to the necessary drafts which have been made upon his system for the repair of tissue, concur to weaken and enfeeble. Besides this, the presence of so much decaying tissue contaminates the blood directly. Thus, frequently, we have symptoms of septasæmia presenting in the jaundiced hue of the integuments, sunken eyes, cold, offensive, acid perspiration, extreme rapidity and feebleness of the pulse, tongue glazed, smooth, and brown, sordes upon the tongue, teeth, and lips, suppression of urine, diarrhœa. Proceeding onward we have delirium, coma, and death. The appearance of the wound during the progress of these fatal complications is as follows: The florid large granulations shrink and become livid in color, the lips of the wound, if one exist, also retract and become flaccid and dry, while the scanty, black fluid, which is the characteristic discharge, ceases to escape; frequently just before dissolution gangrenous vesicles, filled with the fluids of decomposition, form on the edges of the wound. But when the case is not so severe as to produce this decomposition of the blood, the symptoms of cachexia are

still very marked, from the chills and febrile reactions, as well as disordered secretions from which the patient suffers. The stump has a mottled appearance from the distension of the veins and lymphatics, perhaps riddled with sinuses discharging a dark, offensive, sandy fluid; and if there has been a degree of ulcerative destruction, large masses of livid, fungous granulations, particularly at those points where the arteries enter the abraded surfaces.

When we have necrosis of the long bones after amputation, it generally includes the extremity and several inches of the shaft; contrary to the general position taken by sequestra, viz: surrounded by living bone, we find it at the extremity of amputated limbs invaginating the live bone. The end near the sound bone terminates in long, spike-like projections, and about the time complete separation takes place, these dentata embrace the extremity of the living bone, which is round and tapering to a blunt extremity, being inclosed in a sheath of the separated fragment.

Of course, the treatment of these cases will demand the most thorough stimulant and tonic course of medicines and food, together with antiseptic washes to cleanse the sinuses. The question then presents as to whether we shall open the stump and remove the dead portion or allow it to come away naturally. We are recommended in necrosis to allow, if the patient has strength, the fragment to become loosened, and then remove; if there is constant exfoliation, a caries, we may remove the diseased surface.

ART. II.—*Papers on the Surgical Diseases and Surgery of Children.* By M. P. GUERSANT, Chirurgeon honoraire de l' Hôpital des Enfants Malades; Membre honoraire de la Societé de Chirurgie, etc., etc. Translated from the French by J. C. REEVE, M. D., Dayton, Ohio.

IV. HYDROCELE.

Hydrocele is very frequently met with in children. Two forms of it are observed: hydrocele of the tunica vaginalis, and encysted hydrocele of the cord.

Hydrocele of the tunica vaginalis presents two varieties: in the one, a communication with the peritoneal cavity exists; this is the case when the hydrocele occurs before birth, but we have equally seen children born with a hydrocele which did not communicate with the peritoneum. In the first case the hydrocele preceded in existence the descent of the testicle into the scrotum, in the second, it was consecutive to this descent; we can, therefore, say that congenital hydrocele does not always communicate with the abdominal cavity, but that most generally such a communication exists. Up-

on examination, the liquid will be found of a citron-yellow color, and that it is albuminous. We have only found the liquid of another color in cases where the testicle was diseased; then the contained liquid is troubled, opake, or puriform. The tunica vaginalis is distended, but healthy; without change of color, without increase of thickness, and transparent. Sometimes the testicle is affected; it may be tuberculous and even cancerous, but these two affections are very rare in early life.

When the testicle is diseased the hydrocele is the consequence of the gravest malady; but as the testicle is ordinarily healthy, the cause is very obscure. We are sometimes obliged to look upon general debility of the patient as a cause, sometimes we can find evidence of a contusion of the testicle or of a preceding orchitis. However this may be, the following are the symptoms.

An oblong tumor of variable volume, fluctuating, transparent, without change of color of the skin, extending from the inguinal ring to the lower part of the scrotum, not capable of reduction when it is a hydrocele without communication with the abdomen; reduction, however, being effected by slow and graduated pressure when such communication exists, and the tumor returning as soon as the child coughs or is made to walk. This occurrence, which also takes place in hernia, occasions the two diseases to be sometimes confounded; but in the one, the tumor is transparent, fluctuating, you can feel positively a liquid; in the other, there is no fluctuation, the tumor is opake, and the touch gives evidence of gas and gurgling.

The prognosis of this affection is not grave, in general it can be cured with or without an operation. In truth, hydrocele abandoned to itself may disappear spontaneously, especially that kind which communicates with the peritoneum, and this result may be promoted by lotions more or less tonic and by the use of a suspensory bandage.

Treatment.—Compresses, wet with wine in which Provence roses have been infused, may be applied with advantage to the scrotum while it is carried in a suspensory bandage; another topical application which has succeeded well with me, is tincture of digitalis and water, of each equal parts. Applications of this kind, continued during fifteen days or three weeks, have caused the absorption of the liquid; but these are only secondary means and not reliable; such is not the case with the operation.

Operation.—In the child as well as the adult, we may perform the palliative or the curative operation. I should say that in both I have made the simple puncture and seen no return of the complaint, and believe there is nothing lost by commencing with that. If there is a return, then we can proceed to the tapping with injection, which constitutes the process for a radical cure.

To prepare the patient for the operation we only advise some restriction of the diet in the morning, and proceed in the following manner: The patient is laid upon his back, and assistants hold the thighs apart while the surgeon verifies again the presence of fluctuation and transparence. After having well established the situation of the testicle, he seizes the tumor with

the left hand, and makes a puncture so as to penetrate the cavity of the tunica vaginalis without touching the gland. We prefer for this part of the operation a flat instrument; such a trocar terminates in a lancet-shaped point, which penetrates slowly and does not require a thrust as does the ordinary instrument; with it we can puncture where we will, gently and without shock. The trocar being withdrawn the canula can be entered more deeply so as not to escape from the tunica vaginalis; then the injection is made with the liquid chosen for the purpose. More than a dozen years ago we abandoned the use of wine, and we no longer use even tincture of iodine; we make use only of alcohol at 36° [sp. gr. .847]. We throw in enough of this liquid to make the tumor take on the proportions it had before tapping; we allow it to remain two or three minutes before permitting it to escape by the canula, and we are not particular to get rid of the whole of it; we even allow a small quantity to remain, and this may be done without danger. The canula is then withdrawn, and the little patient remains in bed without any application being made to the scrotum.

By this proceeding we provoke less pain than with wine or with the tincture of iodine; the inflammation, without being intense, is always sufficient.

The day after the operation, if there is but little tumefaction, we permit the patient to get up and walk about in his chamber; if there is some swelling and tenderness, we order him to keep his bed, and apply a suspensory bandage; again, the tumor augments little by little in size, returning nearly to the volume it had before the operation; then we cover it sometimes with compresses wet with a mixture of water and tincture of camphor, or simply with diluted alcohol, the whole maintained in place by a suspensory bandage. Finally, before the end of the second week, the tumor has gradually diminished, the parts take on their natural appearance and the patient is cured.

We have very rarely seen inflammatory accidents follow calling for baths and emollient applications. In more than a hundred operations we have not seen a single relapse.

We should add that in case we find, before the operation or even after making the puncture, that the testicle is tumefied, especially if the patient is scrofulous, instead of alcohol we prefer to inject the tincture of iodine, one part to three of water.

Sometimes we have met with hydroceles having two or three compartments; in these cases we have punctured the dividing membranes successively with the trocar, and have passed a seton of two or three strands of silk through the whole; after three or four days the seton is withdrawn, and our patients have always been cured.

Hydrocele communicating with the Abdomen—This form of the disease is often met with; its causes are obscure; it is probably formed previous to the seventh month of intra-uterine life, at which time the testicle has not descended into the scrotum; it is hence called *congenital* hydrocele.

The symptoms are evident. The tumor is soft, fluctuating, without change of color in the skin; in pressing upon it as if to reduce a hernia, the liquid is forced back into the abdomen, and a peculiar sensation is communicated

to the fingers, giving evidence of a liquid and not of a gas. The return of the liquid is sometimes effected with great facility, in other cases somewhat prolonged pressure is necessary; this depends upon the size of the opening of communication, which is occasionally so small as to excite doubts of the existence of any. It often happens in this form of hydrocele that it disappears entirely while the patient is in bed, and returns as soon as he gets up and goes about on his feet.

Treatment.—We have seen this kind of hydrocele absorbed, disappearing with time and by the use of a simple suspensory bandage; others have been cured by a truss very carefully applied and well watched by the parents who should see that none of the liquid escapes through the abdominal opening.

In general, however, we are obliged to proceed to operative measures, either the simple puncture alone, and this often suffices, or to the tapping combined with the injection of a liquid, as already described; only we should not proceed to the latter until after two or three trials of the former.

Finally, if we inject alcohol, very great care should be taken to make pressure over the inguinal ring while the liquid is thrown in, and this part of the operation should be performed very slowly so as to avoid introducing the alcohol into the peritoneal cavity. I must say, however, that one day, believing I was operating upon a case which did not communicate with the abdomen on account of the extreme minuteness of the opening, I injected at least twenty grammes* of alcohol and caused no accident, although it penetrated into the abdominal cavity.

Meantime we should be very careful to prevent the liquid reaching the peritoneum, and therefore exercise in all cases pressure upon the inguinal ring.

Encysted Hydrocele.—Encysted hydrocele consists of a tumor, more or less voluminous, situated along the tract of the cord. It is without change in the color of the skin, fluctuating, transparent, more or less resistant to pressure, gliding readily between the fingers which seize it, descending when the testicle is drawn downward, and mounting again toward the inguinal ring as soon as the traction is suspended—proof that it is attached to the spermatic cord.

This tumor is developed without known cause, it occasions no pain, remains a long time stationary, augments sometimes in size, and never terminates badly.

We are not likely to confound such a hydrocele as this with variocele, for I have never met with venous dilatations in early life any more than with hemorrhoids. Neither can it be mistaken for hernia, because it does not return into the abdomen.

We should be aware, however, that some forms of encysted tumors have been met with in this region; they are very rare and have special characteristics, as, for instance, non-transparence.

In encysted hydrocele the injection of alcohol has succeeded most frequently in our hands in effecting a cure. A small seton, passed as in an abscess, has also rendered us good results without very intense inflammation, and without relapse following.

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* The gramme is 15.4325 grains Troy.

ART. III.—*The Therapeutic Effects of the Ligation of Large Arteries.* An Essay read before the Montgomery County (Tenn.) Medical Society, January 8, 1866. By DANIEL F. WRIGHT, M. D., late Professor of Physiology and Pathology in Shelby Medical College, Nashville, etc.

The main subject of the present paper, will be: *The influence upon the pathological conditions of a part excised by ligating its principal artery.*

My attention was first specially directed to this subject by the gentleman already alluded to, Dr. H. F. Campbell, Augusta, Georgia, who had, early in the history of the war, been placed in charge of the hospitals for Georgia volunteers, established in Richmond, Virginia.

From his experience in this capacity, he had derived some opinions in regard to the effects of ligation upon gangrene, opposed to those usually entertained, which he presented to me in private conversation, when I was on the eve of a visit to Europe, in the spring of 1864; being desirous, as he said, to have them laid before such European surgeons as I might meet with. I will add that I had, when in London, the satisfaction of discussing them with Mr. Erichsen, the eminent Professor of Surgery in the University College Hospital, who listened to them with much apparent interest. Dr. Campbell has since embodied them in a work on military surgery, published under the auspices of a late Surgeon General, a copy of which I have before me, but as they are only incidentally touched upon in that work, I should not have appreciated their importance had I not heard him *viva voce* on the same subject.

The new doctrine amounts in substance to this: that the ligation of the principal artery of a member, which is ordinarily supposed to occasion danger of gangrene and necrosis in the parts supplied by the occluded artery, has on the contrary, a marked therapeutic influence, not only upon tumefaction and unhealthy discharges, and indolence in the healing process, but especially upon gangrene itself, which repulsive and dangerous disease it has uniformly and promptly arrested in every instance in which it has been applied. This doctrine is sustained by the history of six cases, for the particulars of which I must refer to the work in question.

I had no opportunity of making this question the subject of my own personal observations until my return from Europe, when I was placed in charge of the second division of Winder Hospital, Richmond, the largest establishment of the kind in the late Confederate States.

CASE 1.—*Private J. P.*, of the Second North Carolina cavalry, was wounded in one of the engagements before Petersburg; brought to the hospital the next day. He had a flesh wound made by a minnie ball, which had entered at the upper and anterior portion of the vastus internus muscle, and made its exit a little higher through the flexor muscles of the thigh; the ball had

evidently, therefore, traversed the tracts of the femoral artery, in the middle third of the thigh. At the time I first took charge of this case the wound was in a fearfully gangrenous condition, a state of things, I may say, which was then very general, the hospital being crowded with the wounded, and the weather excessively sultry. An immense portion of the extensor muscles of the thigh had sloughed, and the arterial tract was, for several inches exposed.

On the 27th August, profuse hemorrhage took place from the femoral artery, which was happily arrested by vigilance of the attendant, and I was immediately called. A compress had been applied at the seat of the injury by the Assistant Surgeon in charge; the patient was pale, with an anxious face, feeble pulsation, and his whole body suffused with a cold sweat. I directed a powerful stimulus, and, when the pulse had a little recovered its tone, had chloroform administered, applied a tourniquet to the artery, as near the pubis as could be effected, cut down upon the artery at the lower angle of Scarpa's triangle, ligated it at that point, and closed the wound.

Ordered nourishing diet and stimulants freely administered.

The injured limb was, for some days, slightly colder than the other, notwithstanding which, the condition of the wound commenced improving from that day. By September 2nd, or six days after the operation, the fetid ichorous discharge had been replaced by a rich creamy suppuration, and, by the 4th, granulations were healthy and abundant. From that time the healing process was rapid, and in about three weeks the man was furloughed.

Case 2.—*Sergeant P. B.*, Company A, Forty-eighth North Carolina regiment, was wounded August 25, 1864, by a musket ball, which shattered the middle finger of the left hand. Amputation had been performed on the field by Surgeon Montgomery, of his regiment—the head of the metacarpal bone being included in the operation. This was on the evening of the 26th, and the next morning he arrived at the hospital. Gangrene set up immediately, the ravages of which were so rapid that by the 29th a large portion of the palmar integuments had sloughed away and profuse hemorrhage set up from the palmar arch. This was arrested by forcible flexure of the forearm on the humerus.

August 30.—Hemorrhage recurred, when I resorted to ligation of the brachial artery, in the lower third of the humerus. Improvement in the wound commenced in his case, also, from the day of the ligation; healthy suppuration occurred September 2nd (third day.)

September 3d.—Improvement considerable, granulations commencing at various points.

September 4th.—Erysipelatous flush supervened along the ulnar surface of the forearm. At this time special wards had been established in the hospital for the treatment of erysipelatous and gangrened patients; consequently he was removed from my immediate superintendence, but I frequently visited him in the gangrene wards. The erysipelas unfortunately soon assumed a phlegmonoid character, and very extensive sloughing of the integuments of

the forearm resulted. What was very remarkable was, that this unfortunate occurrence in no respect interrupted the healing of the original wound, which advanced so satisfactorily that by the time the erysipelatous action in the forearm had given way to incipient granulations, the reparative process in the hand had become complete.

Case 3d.—*Private M. C.*, Company I, 61st North Carolina regiment, wounded July 30, 1864, sent to hospital the next day.

July 31st.—Gunshot wound, point of entrance being in the center of the rectus femoris at the lower third of the thigh; exit on its antero-interior side, just where the femoral artery passes beneath the adductor tendon; wound already gangrenous.

August 2d.—Gangrene rapidly advancing, highly phagedenic in its character. Arterial hemorrhage at 2 P. M.

August 3d.—Renewed hemorrhage at 8 A. M.

[So far the case had been treated by Assistant Surgeon Muldrow, who had held the hemorrhage in check by a compress bound firmly over the seat of the wound.]

I now took charge of the case. The sloughing from gangrene had advanced considerably above the original seat of the wound, and penetrated deeply through the substance of the extensor muscles, extending down to the septum which separates them from the flexors.

I was considerably perplexed as to the treatment to be resorted to. In the first place, I was not satisfied whether the hemorrhage was from the femoral artery or from some of its deep muscular branches; then, the tissues were so disorganized as to present a most discouraging task to the surgeon who should grope among them for the purpose of ascertaining the true nature of the lesion.

3 P. M.—I continued the compress till 3 P. M., by which time it became evident that this remedy was aggravating the gangrenous action. At the same time I could not reconcile myself to removing it without substituting some means of preventing future hemorrhage, the recurrence of which would, I was satisfied prove fatal to the patient. I, therefore, determined upon an exploratory incision, with the purpose of operating "*pro re nata.*"

I should mention, that at this time no pulsation could be felt in the groin of the injured side, though it was very strong on the other side, which led me at first to suppose that the entire artery might be obliterated by inflammation.

Operation.—I threw a tourniquet around the limb, pressing upon the seat of the artery, as near the pubis as could be effected. Then the dressings were removed from the wound—no hemorrhage followed; the tourniquet was gradually relaxed and finally removed, without hemorrhage following; pulsation still absent in the groin; cut down through the diseased tissues to the artery, which was found flaccid and lacerated, though, whether this was the effect of the original injury or of the phagedenic gangrene, there was no means of determining. All the surrounding tissues were in so advanced a

state of decomposition as to be entirely undistinguishable, nor was I satisfied, until further pursuit of the operation, that it was the artery at all which I had found; artery or not, it would evidently not do to tie it then. I accordingly made a careful dissection, tracing its course upward till I arrived at healthy tissue; then continuing the incision about an inch and a half further, arrived at the inferior angle of Scarpa's triangle, where I ligated the artery, in which, however, no pulsation could be detected; I then closed the wound, applied poultices to the gangrened portion, and aroused the patient; ordered stimulating and sustaining diet.

The duties of a military surgeon, in charge of large numbers of wounded, are always laborious and harassing, and perpetually impose responsibilities, painfully burdensome to a conscientious officer, and I do not think that I ever felt the weight of my responsibilities so oppressively as in this case. The absence of pulsation was especially a source of anxiety to me, as I could only account for it by supposing that the inflammation had extended so far as to obliterate the cavity of the artery in its whole length. It will soon appear that I was mistaken in this supposition, and with my present views of the effects of cutting off arterial supplies, I should not deem it so threatening a circumstance if it had been so.

I proceed with the history of the case.

August 4th.—Appearance of the wound somewhat healthier; pulse and general appearance improved.

August 5th.—Appearance still improved, strength renewed, pulse fuller. Phagedenic action had apparently ceased entirely.

August 6th.—Healthy pus discharged freely, improvement continues.

August 7th.—Pulsation perceptible in the groin for the first time since the third.

During this time the parts already gangrenous had been sloughing off, and around the edges of the cavities thus left, granulations rapidly made their appearance, and soon after at various points in the bottom of the cavities. The wound healed more rapidly than any lesion of such extent that I had ever witnessed. The ligature came away on August 13th, or ten days after the operation, and in less than four weeks the man left on furlough, strong, healthy, and with his wound entirely healed.

Though it is rather a digression from my main subject, I will pause here to say a few words about the long continued cessation of pulse in the artery from the seat of lesion up to Poupart's ligament. I think that the great contractile force of wounded arteries is a thing but inadequately appreciated by systematic writers. When we consider the great force with which the blood rushes through the great arterial trunks, it is evidently a very powerful effort of the contractile elements in the arterial coats which is required to resist the impetus of this stream, as in the present case, for four days.

I have preserved the records of a case in which this contractile resistance to hemorrhage was manifested at a point still nearer the center of circulation, and in which, unfortunately for the patient, we had to witness several alter-

nations of contraction and relaxation, each relaxation being attended by profuse hemorrhage before the termination of the injury in death.

Case 4.—*A. E.*, private, Company K, Forty-ninth North Carolina regiment, was brought to the 4th Division of Winder Hospital, July 30th. He had been wounded in the trenches, the same day, with a minnie ball, which entered just in front of the trochanter major of left thigh, passed through the anterior muscles of the limb, through the root of the scrotum, and then grazed the anterior surface of the right thigh; its direction was transversely through the upper part of the thigh, etc., ranging from behind forward and a little upward. Profuse hemorrhage had taken place on the field, which was repeated in the hospital on the 5th, 6th, and 7th, on the afternoon of which latter day he died. I was not called to him till after the hemorrhage on the 6th, when his vital powers were reduced so low, that an operation, such as alone could have arrested the hemorrhage, was out of the question, the wound having been too high for any thing short of ligating the external iliac.

The intervals of arterial contraction between the hemorrhages in this case were as follows: Interval between first and second hemorrhage, six and one half days; between second and third, seventeen hours; between third and fourth, twenty-two hours; between fourth and death, six hours.

On a post-mortem examination, it was found that the artery was much lacerated a little below its emergence from Poupart's ligament, but not entirely cut in two.

To return to our main subject. These are all the cases bearing upon the topic of this paper, of which I have authentic records. I have mentioned that I witnessed two others in which arteries were ligated with a similar result; but, as they did not occur under my direct superintendence, the notes of them are included in the general report of the hospital, and do not occur in my private notes. I can only state generally, therefore, that the brachial artery was tied in both of them, with a result exactly similar to that in the cases already detailed, namely, the rapid amelioration of a morbid condition previously existing in the wounded member supplied by the ligated artery.

To speak in general terms, then: In the five cases witnessed by myself, and in the six cases reported by Dr. Campbell, we have this one uniform result—that immediately from the date of ligation, large tumefaction has been superseded by recovery of the original contour, fetid ichorous discharges by laudable suppuration, and phagedenic gangrene by vigorous granulations, resulting in rapid separation of the eroded tissues. And I would impress upon the Society, that these were not select cases, constituting a small per centage or even a large proportion of the instances in which the antecedents were similar, and leaving a drawback of another certain per centage in which the same antecedents were followed by different consequents. No, these cases comprise *all* the instances in the practice of Dr. Campbell and myself, in which the artery was ligated which supplied a member affected with gangrenous or otherwise morbid wound; and in *all* the same results followed.

It remains to be considered what are the practical inferences to be drawn from the facts thus detailed. If the cutting off the arterial supply be such

an energetic remedy for gangrene and the other events of inflammation, the question arises whether the procedure should not be adopted expressly for this therapeutical purpose. In all the instances I have given, though the ligation resulted in curing the gangrene, it was not resorted to for that purpose, but for that of arresting hemorrhage. In the present state of professional opinion, it would be bold surgery, savoring perhaps of rashness, to tie the brachial artery for gangrene in the hand, or the femoral for phagedenic erosion in the calf of the leg. Though my friend, Dr. Campbell, does not stop short of advocating this very procedure, I am not prepared, at present, to go these lengths, but I am satisfied that a surgeon would be justified in resorting to it, who should have a patient who was suffering under phagedenic gangrene, say in the lower part of the thigh, which threatened to involve the femoral artery in its erosive career. In such a case, I say, a surgeon would be justified in anticipating this catastrophe, in not waiting for the dangerous hemorrhage, but tying the artery at once. I should do so myself, and afterward look with confidence for an early amelioration in the condition of the wound.

The cases, however, on which the opinion is grounded, are only eleven, as yet, and most men would be desirous of more extended observation before making any practical inference. The most conservative and cautious of surgeons, however, would, I think, assent to this proposition that the cases already recorded, afford quite sufficient ground for further observation. It will I think be conceded by all that every instance in which, for any purpose whatever, the artery is tied which supplies a gangrenous limb, the results ought to be carefully noted, recorded and published, in order that it may be seen whether future experience is in harmony with what has been herein stated.

The above Essay can not fail to interest such of our readers as have perused the valuable paper of Dr. Duvall in the May number of our Journal. Dr. Wright's paper is published in the Richmond Medical Journal (one of the very best journals in our country,) for April, and we give it an early copy so as to make the surgical literature of the subject as complete as possible. In commenting on Dr. Duvall's paper, we noticed a singular fact, established by Dr. Norris' statistics of the ligation of the femoral artery, viz: that gangrene had occurred in the cases reported by him, *only* after ligation of the artery for *aneurism*, a result in direct opposition to the doctrine laid down by Mr. Guthrie. And yet by referring to Mr. Guthrie's Treatise "On Wounds and Injuries of the Arteries of the Human Body," etc., London, 1846, several cases are reported in which gangrene *did* occur after the ligature of the femoral artery for wounds. Other cases are detailed in which mortification followed the ligature of the external iliac and the axillary to arrest hemorrhage after wounds of these vessels. In

the *Nouveau Dictionnaire* de Medicine et de *Chirurgie Pratiques*, Paris, 1866, volume four, pages 365-6, we find in the statistics of wounds of the axillary artery by Eug. Boeckel, that gangrene followed in the practice of Desault, Delpech, Larrey, Begin, White and Boeckel, and in some of these cases the ligature was applied at the point of injury, and in others the ligature was applied above the clavicle. Dr. John Ashhurst, jr., has reported in the *American Journal of the Medical Sciences*, January 1864, a case in which the brachial artery was tied to arrest the hemorrhage from the ulnar artery following a gunshot fracture of the ulna. A few days afterward gangrene was imminent, but it was finally averted and the limb was saved. Mr. Critchett, of the London Hospital, read a paper before the Hunterian Society, Nov. 1848, which was published in the *London Lancet* of the same year. The title of the paper was "On *Secondary Hemorrhage* treated by Ligature at a distance from the seat of injury," and the cases detailed by him seem to lend strong support to the practice advocated by Drs. Duvall and Wright in the article we have published. Still in reference to the operation as a *therapeutic* measure, we must repeat our statement, abundantly corroborated by statistics, that the ligature of the principal artery of a limb is a serious one, and in addition to our remarks upon this point we will insert the following extract from Holmes' system of Surgery, vol. III., p. 404. "By comparing Mr. Bryant's table, it will be seen that the ligature even of the femoral artery, the lowest in this list, is almost as fatal as amputation of the thigh (27.27) per cent. of cases) while most of the others approach the mortality of primary amputation. These considerations show strongly the propriety of avoiding ligature of a large artery whenever there is any prospect of curing the disease by any other method. Of the fifty fatal cases of ligature of the femoral artery in Norris' table, twenty-three are stated to have died of gangrene, and only eight of hemorrhage," etc. At page 407 we find the following: "Of forty-nine cases of gangrene after ligature, fourteen recovered; ten of these without and only four after amputation." *Porta* (*op. cit.*) p. 394. G. C. B.

OBSTETRICS, DISEASES OF WOMEN, MATERIA MEDICA, AND THERAPEUTICS.

By THEOPHILUS PARVIN, M. D., Professor of Materia Medica and Therapeutics, Medical College of Ohio, and Clinical Lecturer on Diseases of Women at St. John's Hospital.

ART. 1.—*Uterine Hæmatocele.* Translated from M. Vidal's Traite de Pathologie Externe, etc., for the *Cincinnati Journal of Medicine.*

This disease is but briefly, when at all, discussed in most of the works on diseases of women in the hands of practitioners in our country. Indeed it had no place in foreign works in the English language, until the issue in 1853 of Dr. Tilts' volume upon such diseases.

Since that, Professor Simpson, Drs. West, Churchill, Grailly, Hewitt and McClintock—the last especially—in their respective volumes upon female diseases.

Dr. Madge (*Obstetrical Society's Transactions for* 1861) and Dr. Matthews Duncan (*Edinburgh Medical Journal*, 1862) have made valuable contributions to the literature of the subject. The French, however, were first in the field. Bernutz clearly exposed the disease in 1848, and his subsequent investigations with those of Nelaton, Velpeau, Voisin, Laguier, and others, have given us a knowledge upon the subject exceeding that derived from all other sources. In our own country Dr. Bedford, *Diseases of Women and Children, seventh edition, page* 480, briefly records a case, and Dr. Byford, in his recent volume devotes to the subject a chapter, every part of which is much better than the title: We propose to criticize in a moment or two that title.

From the fact that the effusion of blood, which characterizes this disease, frequently is found in the utero-rectal cul-de-sac, or beneath its peritoneal lining, in either case posterior to the uterus, the disease is often spoken of as a *retro-uterine hæmatocele.* The term hæmatocele is restricted by some of the French authors to intro-peritoneal effusions, while that which occurs without this membrane, is by them known simply as thrombus. *Peri-uterine* hæmatocele is also used by many, but has been criticized by Dr. McClintock on the ground that the effusion is never entirely *aroused*, does not *encircle* the uterus. This criti-

cism is weakened, if not destroyed, when we remember that the Greek preposition made use of in the compound word, may have among its secondary meanings *near to*, or *by*, so that peri-uterine hæmatocele might simply signify an effusion of blood in the vicinity of the uterus. We prefer, however, among all the designations hitherto used, that which we have placed as the title of this article, because most generally accepted, though one of the most valuable of recent authors upon female diseases applies this designation exclusively to hemorrhage into the substance of the uterus, and to the disease now under consideration he gives the term *pelvic*, that is, *pelvic* hæmatocele.

What shall we say of *Metatithmenia*, Dr. Byford's candidate for admission into the nomenclature of the disease? *Metatithmenia* accorcording to Dr. B., is *misplaced menstruation.* Doubtless, it is a great advantage to have the name of a disease express its pathology, and this designation is thus proposed. But are these hæmatoceles examples of misplaced menstruation? There are not wanting eminent men in our profession who thus believe. For example, Dr. Tyler Smith is reported *Third volume Obstetrical Society's Transactions, page* 101, as saying, "that he considered it to be essentially a form of ovarian or Fallopian menstruation, vicarious in character. The ovaries or Fallopian tubes in these cases produced the menstrual secretion, just as the lungs or stomach did in the case of gastric or pulmonary vicarious menstruation." But is not the analogy suggested more apparent than real? In the one case there is no discharge from the uterus; the pulmonary or gastric hemorrhage takes its place—acts as its substitute, in a word, is vicarious; but in the other there is generally a true menstrual discharge more or less, sometimes indeed both profuse and protracted. Then again, the phenomena attending the occurrence of hæmatocele are not often those of a gradual secretion, but of a rapid effusion, a sudden out-pouring. Nor would the hypothesis of vicarious menstruation by ovaries or Fallopian tubes, explain the extra-peritoneal variety of the disease, the form to which Professor Simpson in his published lectures, devotes his attention exclusively. Dr. Byford states, *Medical and Surgical Treatment of Women, page* 102, "I think the instances I have witnessed were more frequently connected with cases of disordered menstruation; but I have also seen it take place in patients whose menses were normal, so far as I could determine."

We confess ourselves at a loss to know how there can be *misplaced menstruation* when the menses are *normal.* For the reasons thus indicated we do not think the term *Metatithmenia* has any claims for professional acceptation; it does not express a constant fact, only an occa-

sional one: it may or may not guide in the diagnosis, it may or may not help in the treatment. It is not our design at present to write an article upon the subject of uterine hæmatocele; that we propose doing for a future, probably the next, number of the Journal, presenting recent researches upon the subject, and discussing as fully and completely as we can, more especially the causes and treatment of the disease. Our object now is merely to present an article which we have translated from the fifth volume of Vidal's TRAITE DE PATHOLOGIE EXTERNE, because of its clearness and conciseness, and because we believe it contains information not elsewhere found. Although the article from M. Vidal is entitled *retro-uterine hæmatocele*, the reader will observe that he speaks not merely of effusions *behind* the uterus, but also at its sides, and hence the designation given by the distinguished author, is not, strictly speaking, correct.—(T. P.)

Retro-uterine hæmatocele, hitherto little known, nevertheless should not be considered as an affection recently pointed out. As early as the seventeenth century we find observations which do not permit any doubt of an acquaintance, very imperfect it is true, which was had of this malady. Thus Ruysch reported an example of it; in 1693, the proceedings of the learned of Leipsic described another example of it, and finally, from 1818 to our day, science is enriched with numerous observations which now enable us to trace the history of this affection.

M. Nelaton especially has treated of this subject in lectures, which reproduced by his pupils either in articles for the journals, or in inaugural theses, furnished excellent documents which may be consulted with profit. Before Nelaton, Bernutz had fixed the attention of observers upon this subject.

Nevertheless, we admit that the history of retro-uterine hæmatocele yet presents numerous *desiderata* as to the etiology, as to the seat itself, and finally, especially as to the therapeutics.

As its name indicates, this malady is produced by an effusion of blood behind the uterus. This effusion, more or less abundant, presents varieties of situation to the consideration of which we will subsequently return. The blood thus poured out, generally remains liquid, and forms a fluctuating tumor easy to recognize. We ought to include in the definition of this malady the following peculiarity which seems to us to impress upon it a character quite distinctive. Uterine hæmatocele

does not occur in females who have not yet menstruated, nor in those who have passed the critical age.

Progress, Symptoms and Diagnosis.—This malady is developed under circumstances so peculiar that it could not be mistaken. Ordinarily it is at the apparition of the menses that hæmatocele occurs. It immediately determines a violent attack of pains in the pelvic region, and when these phenomena appear, they exercise a manifest influence over the flow which in most cases considerably diminishes. Nevertheless M. Nelaton has sometimes seen, on the contrary, the menstrual discharge become more abundant and continued during five or six weeks. If we examine the patient in these conditions, we detect by touch, behind the neck of the uterus, in the vagino-rectal cul-de-sac, a projecting, fluctuating tumor. This tumor rises up more or less high in the abdominal cavity, and sometimes attains the hight of the umbilicus. Then especially fluctuation becomes very easily perceived. If while the finger of one hand is introduced into the vagina to communicate impulsions to the inferior part of the tumor, the other hand is applied to the superior part and presses down the anterior abdominal wall, we very distinctly perceive the fluctuation of liquid displaced by the blows communicated at the inferior part of the blood-collection. The exact location of the effusion determining some difference in the symptomatology, we ought just now to study this part of our subject.

The blood accumulated behind the uterus, may be located in the vagina-rectal cul-de-sac underneath the peritoneum and infiltrate the cellular tissue comprised between the rectum, the vagina, the uterus and the peritoneal cul-de-sac.

This would be then, according to M. Huguier, the first class of hæmatocele, while in the second class he would include all the varieties of intra-peritoneal blood-tumors of the pelvis. This surgeon, giving great extension to nosological frame work in which he seeks to embrace the different varieties forming the class of intra-peritoneal hæmatoceles counts in this category the effusions produced by extra-uterine abdominal pregnancy, or by a rupture of the ovarian or uterine vessels, or by a derivation of the menstrual flow which may escape by exhalation from the peritoneal surface of the uterus, or even by the retention of the menstrual blood in the tubes, or at the same time in the tubes and in the peritoneal cavity. I am not ready to admit this generalization proposed by M. Huguier. Thus I can not then consider as forming the affections altogether distinct, both extra-uterine abdominal pregnancies, and the tumors formed and contained in the tubes. But this which I can admit, because the anatomical facts do not leave any doubt on this

point, that is, that these tumors can be intra-peritoneal or extra-peritoneal, and sometimes one can trace the way of the origin of the malady by the sole fact of its connection with the peritoneum. As the place affected by the effusion can modify the prognosis given, it is important to observe the marks which will enable us to distinguish the precise seat of the tumor. Unfortunately the symptoms pointed out even at this day, leave very much to be desired, and even in the *cadever* it is sometimes difficult to pronounce in a positive manner. Thus in reference to an anatomo-pathological specimen presented by M. Monod, the specimen examined with care by several surgeons, the question remained undecided. Nevertheless, according to M. Nelaton, there would exist a pathognomonic sign. It would derive itself from a violet tint very distinct of the vaginal wall at a point corresponding to the inferior projection of the tumor. This coloration would exist especially in the extra-peritoneal hæmatocele. Moreover the intra-peritoneal hæmatocele would develop itself toward the belly. But if the diagnosis presents so great a difficulty, we can say that the treatment does not appear to be greatly modified by the seat of the effusion. The retro-uterine hæmatocle determines by its presence very marked modifications in the direction of the uterus, which oftenest is pushed violently forward and then presents the appearance of very decided anteversion. Sometimes the effusion situated laterally displaces the uterus in one direction only, in such manner that one of its sides is carried forward and its anterior face turned toward the cotyloid region, right or left according to the place occupied by the effusion.

These displacements determine pains more or less acute, dragging sensations in the groins and in the lumbar regions, which may be superadded to the suffering caused by the effusion itself.

Differential Diagnosis.—We may confound these tumors with certain deviations of the uterus, with menstrual accumulations in this organ, with certain tumors situated in the uterine walls. The error can be easily avoided as to deviations of the uterus and as to menstrual retention; for beside the pressure of the projection behind the neck, as before remarked, we assist our diagnosis by resorting to catheterism of the uterus. When we add the rapid march and sudden increase of the effusion, its coincidence with the advent of the menses, we will be prevented confounding this with a retro-uterine phlegmon. As to the interstitial tumors, they appear sufficiently easy of diagnosis. I should say meanwhile that Malgaigne in a case of hæmatocele believed that he had to do with a tumor contained in the posterior lip

of the uterus, and the error was not ascertained until after an incision made through the entire thickness of this lip.

Causes.—The etiology of this affection still remains very obscure. Nevertheless we ought to regard as evident the action of menstrual evolution, because these hæmatoceles have never been observed in young females not yet menstruating, or in women past the critical age. I am certainly willing to admit that a good number of hæmatoceles are due to a derivation of the flow of the menses, and to this category the extra-peritoneal hæmatoceles especially would belong, but it remains well demonstrated that certain intra-peritoneal effusions are determined by an ovarian hemorrhage. A case reported by M. Demonvilliers does not permit any doubt concerning the reality of this cause of hæmatocele. As to a mechanical cause, such as a contusion produced by violent coition, I could not admit, and on this point again I do not agree with M. Huguier.

Prognosis.—In general we are obliged to consider the prognosis as grave. The danger is increased when the effusion is intra-peritoneal. Nevertheless, the cure may effect itself, meanwhile, through the resources of nature alone. Then either the liquid effused is absorbed, or the collection opens into the vagina or into the rectum, of which MM. Nelaton and Marotte report three examples. Besides, it may happen that the effused blood undergoes such modifications that the cavity is transformed into a serous cyst.

Treatment.—The treatment, local or surgical, is almost the only one which has been tried. Generally they open the collection whatever may be its situation. In six cases observed by M. Nelaton, the following were the results obtained. In one case a simple puncture effected a cure. In two cases this was insufficient; the pouch did not completely empty itself; it was necessary to enlarge the opening by the aid of the lithotome, and to draw out the clots by the finger introduced into the cavity. As the sequel to these maneuvers, the grave accidents of peritonitis and purulent infection burst out. Nevertheless the patients recovered. In the three other cases the hæmatocele opened spontaneously into the rectum, and the cure ensued. M. Nelaton after having this statistical summary, advised against resorting to puncture and incision, unless in case of absolute necessity. Another danger which should cause rejection of incision, consists in the possible lesion of a large artery—that occurred once. M. Robert is a partisan of the puncture, which he preferred by far to incision. In fact in making the puncture with a curved trocar, we certainly avoid wounding arteries, and we can evacuate the collection at successive times. We then

leave the canula in place, plugging up its orifice. In one case of hæmatocele M. Robert thus removed the first day 750 grammes of blood, the following day and the third day, he abstracted 100 grammes. The patient was cured. It is necessary to say meanwhile that the puncture may be insufficient, and then, as in the two cases of M. Nelaton, it is necessary to resort to incision. The indication for this will arise from the state of the coagulation of the blood. In summing up, I will say that certain large hæmatoceles with rapid increase, may demand surgical intervention; but I do not approve of their intervention unless as the *ultima ratio* of the surgeon. M. Laborie had chanced to observe quite large tumors which had been absorbed in longer or shorter time, under the influence of special treatment. The manifest etiologic relation which exists between the production of these hæmatoceles and the appearance of the menses, presents indications to follow. Small revulsive bleedings and repeated at the approach of the menstrual period, some gentle purgatives, hand-baths containing mustard, refrigerant drinks, will cause to impede the advent of the catamenia; rest in bed, some cold applications to the abdomen, will complete this mode of treatment which M. Laborie has seen succeed in two successive cases.

ART. II.—*Dr. Storer's Report on Insanity in Women.*

"*The Transactions of the American Medical Association for* 1865," we received a few days since. One hundred and thirty-four pages of the portly volume are occupied by the report of Dr. H. R. Storer upon the *Causation, Course, and Treatment of Insanity in Women.*

"It was decided at the meeting of the Association held in St. Louis in 1854, to establish a standing committee, annually to be chosen, and regularly to report upon the subject of insanity as it prevails in this country, including its causation or hereditary transmission, educational influences, physical and moral, social and political institutions, etc.; its forms and complications; curability: means of prevention." . . . "It is now eleven years," says Dr. Storer, "since the committee was first appointed, and, as yet, there seems to have been no report."

Such neglect is amply atoned for by the present production. We are reminded of Horne Tooke's question at the dinner party when Coleridge had delighted the attentive listeners with one of his inspired monologues, its subject being war, and which was concluded with the statement that he had been led into that train of thought by meeting on his way to the house of their host two soldiers: "If he talked two

hours from meeting *two* soldiers, how long would he have talked if he had met *a regiment?*" We anxiously ask; If the standing committee, eleven years silent, now give us one hundred and thirty-four pages, how many pages might we expect had the silence been twice or thrice eleven? Seriously, however, we believe that Dr. Storer would have done better for his reputation, better for his subject, had he eliminated a score or more of pages from his report. Indeed, we are not sure that he might not in even half the entire space have triumphantly written Q. E. D. after nearly every position he has taken.

In our opinion, nearly all of pages 126 and 127, we give the numbers from the volume, not from the article, would have been well omitted. We do not care to read such a sentence as this:

"I have no desire to add to the abstruse and abstract discussions of metaphysical points in psychology already far too numerous."

We know that mere alienists have been trying to rob philosophy of psychology, to which in derivation and by long use it properly belongs, but we do not like to see Dr. Storer second such efforts, nor do we very clearly understand that *abstruse* discussions of metaphysical points can be other than abstract. The sentence we have quoted is very well succeeded thus:

"Were I an asylum superintendent, I might delight the Association by a discourse upon the excellent system by which hospitals are now heated and ventilated, or the question as to whether, as regards economy, it is better for superintendents to raise or to purchase their own supplies; upon the psychological characteristics of Milton, Shakspeare, Dante, and the several dramatis personæ, supernal, mortal, or demoniac, of these and other masters," etc.

Now, all this, and more and more of the same sort, is better suited for a popular audience than for a grave scientific body.

Such a sentence as the following adds nothing to the value of the report or to the rhetorical reputation of the author:

"I shall endeavor to take by the horns one or two little chimeras that have been shaken at me, or at any rate to look them in the face."

That obstinate brute of logic, the *dilemma*, should enjoy a monopoly of horny honors, unless the gentleman of the cloven foot has a prior claim; at any rate the *chimera*, especially a little one that can be shaken at a person, has no right to them.

But let us—while we do not waive our objections to the style of some portions of the report, while we think it in some parts quite diffuse—embracing, for example, more than one long extract from Montgomery, Winslow, Buckmill, and Tube Conolly, and Esquirol, which might

have been abridged*—come to the heart of the matter; we will find it a paper of decided merit and value; its author is laboring most worthily for important ends.

Dr. Storer had taken these positions in a previous report:

I. That in women mental disease is often, perhaps generally, dependent upon functional or organic disturbance of the reproductive system.

(In this proposition we could heartily agree with him if "perhaps generally" were thrown out; we would much rather say *disease* than *disturbance.*)

II. That in women the access or exacerbation of mental disease is usually coincident with the catamenial establishment, temporary suppression, or final cessation. And therefore,

III. That the rational and successful treatment of mental disease in women must be based upon the preceding theories, etc.

He now presents us his fourth proposition, that *the brain is the seat of insanity, not always of its cause.* Some seventeen pages are devoted to the discussion of this. Nine out of ten of intelligent physicians would assent at once to this assertion, and the tenth, if capable of conviction, would yield with half the evidence Dr. Storer so carefully adduces. Then follows, *Explanations of distant Causation.* The sixth and seventh divisions embrace the *Causation of Insanity often Pelvic*, and the *rationale* thereof. The eighth, which is the final division, presents the *Indications of Treatment.* We present a brief extract from the conclusion of this elaborate paper:

"I have thus, very imperfectly as I am aware, presented a portion of my views as to the causation and treatment of a large proportion of the cases of insanity occurring in women. I have furnished evidence, in confirmation of these views, from many of the leading psychological experts of the present day. I have shown that my deductions are such as *a priori* ought to have resulted, and such as alone can explain admitted facts. I have proved that these views are not generally entertained by the specialist devoted to the insane, or if entertained, are not generally acted upon in practice. I have confined myself in the main to the general question of causation for the present, omitting the discussion of minor but scarcely less important questions and details; upon all of which I have now a mass of evidence that I shall hereafter most gladly adduce. I have refrained, now in what pertains to pregnancy, from using the testimony of gynaecologists and of the profession at large, strongly corroborative as this would have been of my every position, preferring to meet the objections that have been made, by answers from a similar source. I have attempted to avoid all resort, or appearance of resort,

* We say *abridged* because most physicians are familiar with these authors, and having presented to them a part would probably recall the rest.

to any special pleading, though such is apparent enough in those objections; that, for instance, a gynaecologist must necessarily be a practitioner of but one idea, and therefore incompetent—the truth being that, without at least one fundamental idea, no man should be deemed fit for the charge of any such women, whether insane or in their right mind."

Among the means of a reform so manifestly required by the facts and reasoning of Dr. Storer, he has proposed that each asylum should have an *advisory medical board*, to be convened according to the desire of the superintendent to examine such female patients as may require special treatment. Provided the board be a suitable one, we can easily see that the superintendent, if not illiberal and jealous, could make it of incalculable advantage to many of the female inmates under his charge. But to obtain suitable consultants! "First catch your hare," but if there is no hare to be caught, neither catching nor cooking can be done. There need be no difficulty on this point as to asylums situated in or near our large cities; but as to those remote from the great centers of population, it seems to us it would be well nigh impossible, as a rule, to obtain two or three professional gentlemen of acknowledged superiority, both from study and experience, in the diagnosis and treatment of the diseases peculiar to women; the knowledge of the board might be no greater, or it might be even less, than that of the superintendent himself. No one knows better than Dr. Storer how laborious these studies are, and how few opportunities our medical schools afford for such instruction; this neglect on the part of medical colleges we shall refer to again. Not only the difficulty which we have here presented, but others suggest themselves to our minds as besetting Dr. Storer's proposition.

However this and other propositions of Dr. Storer may fare—whether accepted or rejected—his labor will not be in vain. He has already done great good in calling the attention of the profession to the fact that insanity in women is very frequently the result of disease in some part of the reproductive system. When thus pelvic in origin, it should no more be treated by remedies addressed exclusively to the general physical condition, than the reflex paraplegia arising from renal or cystic disease should be by remedies addressed to the spinal cord. But while we can not see the special means Dr. Storer proposes as altogether feasible, this can, this ought to be done. Medical students ought to be so trained and instructed in the diagnosis and treatment of female diseases, that such diseases may have early recognition and appropriate treatment before, perchance, they bear fruit in confirmed mental disorder. *Obsta principiis* should be the physician's motto in reference to

this point. Are our medical schools doing their duty in regard of such training and instruction? Diseases of women and of children constitute in most medical schools a mere appendage to the chair of obstetrics. What time has the teacher of obstetrics, lecturing four times a week for four or five or even six months, left after thoroughly teaching the main subject of his chair, to give to these other matters? The instructions in these must necessarily be very partial and incomplete. Our own conviction is that every medical college should have a professorship *exclusively of the medical and surgical diseases of women.* With the progress of our civilization, the increase of such diseases; with the progress of our science, our rapidly growing knowledge of them; their importance, both in direct and reflex influences, both as to body and mind—all these demand now the establishment of such a chair as never before has been demanded. The demand, too, will sooner or later be complied with; we believe it the most important of special chairs—nay, the instituting of even all others had better be postponed rather than this.

ART. III.—*For or Against the U. S. Pharmacopœia.* Descriptive Catalogue of Fluid and Solid Extracts, etc. Prepared by HENRY THAYER & Co. Cambridgeport, Mass. 1866.

This is a neat volume of some two hundred and eighteen pages, containing in addition to the extracts named above, which include various remedies officinal and non-officinal, several valuable formulas and receipts. We can not too highly commend the paper, printing, and general appearance of this book. We believe, too, that the preparations of Henry Thayer & Co. are entirely reliable.

We can say no more in favor of the enterprise of these manufacturers; nay, against it and all similar efforts we protest. Why? The preparations of the U. S. Pharmacopœia are kept by all respectable druggists; these preparations all respectable physicians are presumed to know—their general characters, uses, and doses; finally, these furnish the practitioner with a sufficient and suitable *armamentarium* whence to draw weapons for his daily strife with disease. Very possibly the Pharmacopœia includes some medicines that ought to be cast out, and excludes some that ought to be admitted; the decennial revision settles each difficulty. Now, what encouragement to druggists and pharmaceutists to thoroughly study their art and keep a good supply of reliable officinal remedies and preparations, if physicians half the time or oftener prescribe the non-officinal? For example, half a dozen pre-

scriptions from as many different doctors await the druggist; one calls for the preparation of the United States Pharmacopœia, another for that of Merrill, a third for that of Nicoll, a fourth for that of Tilden, a fifth for that of Thayer, and so on. Hence what varieties of medicines, and thence what confusion and annoyance will be, and what mistakes dangerous and even fatal may be, in our drug stores! Nor this only. Doubtless, the preparations of Thayer & Co., and of the others named, are perfectly reliable, are just what they purport to be; but what will hinder unscrupulous men from occupying the same field, who, after having gained such reputation for the articles of their manufacture that a large sale is assured, shall palm off inferior or worthless preparations? The very remoteness of the producer from the vast majority of consumers will permit frauds which otherwise could not be so readily executed. The true policy of physicians is to encourage skilled and competent druggists at, or as near as possible to, their own places of practice.

There is still another view to be taken of this question. The physician will often be sorely perplexed to remember the dose of a medicine, such perplexity arising from the various preparations of the same name. Thus, he wishes to prescribe the tincture of *cannabis Indica;* the dose of the officinal preparation is twenty minims, that is, forty drops, while that of Thayer & Co. is, in one part of the volume, stated to be ten to twenty drops, in another, twenty drops to a fluid drachm; or, he wishes to give the fluid extract of *buchu*; the dose of the officinal is one to four fluid drachms, but of the other, half to a fluid drachm; or, the fluid extract of *colchicum;* the officinal, two to eight minims, Thayer & Co.'s, five to twenty-five drops. Other illustrations might be given, but these are sufficient to show what confusion and errors will be likely to arise from having so many preparations differing in dose. Medical students have hard enough work to learn, and doctors to remember the doses of our pharmacopœial remedies. Shall we require besides similar knowledge in reference to the preparations of our Thayers, of our Tilden's, and others? Still more, of what value are corresponding or differing therapeutical experiences if the physicians have worked with agents differing in strength?

If we have not enough therapeutical agents recognized by our Pharmacopœia, let it be enlarged; or if any of the modes of preparation are faulty, let them be improved. But while we have that Pharmacopœia let us adhere to it—as a rule, prescribing such remedies only as are officinal, and in their officinal forms.

PRACTICAL MEDICINE, PHYSIOLOGY AND CHEMISTRY.

ART. I.—*The Progressive Locomotor Ataxia (ataxie locomotrice progressive).* By ROBERTS BARTHOLOW, M.D.

[*Continued from the May Number.*]

PATHOLOGICAL ANATOMY.—The alterations characteristic of this disease have been carefully studied both by the naked eye and by the microscope. In the work of Topinard* very full and exact description of the morbid appearances is given. Trousseau† quotes with approbation from the essay of Dr. Axenfeld, *Des lesions atrophiques de la moelle épinière.* Having had no opportunity of studying these lesions for ourself, we propose nothing more than to condense from these authorities an account of the pathological anatomy sufficient to give some completeness to this essay, without running into prolixity of detail.

As a general rule the spinal meninges are free from disease; in a single case only in forty autopsies, according to Topinard, were they considerably affected. There is sometimes increased vascularity of the meninges, especially in the vicinage of the posterior columns.

The characteristic alterations are found in the posterior columns and in the posterior roots of the spinal nerves. These alterations consist in changes of form, volume, consistence, and color. The change in form and volume is due to atrophy of the columns affecting their antero-posterior diameter. There is usually a diminution of consistence, but in a few instances induration has been observed. The change in color is, according to Topinard, constant and almost pathognomonic. The columns become semi-transparent, of a gray color, variegated here and there of an amber yellow, which may become rose, according to the quantity of blood, and contrast strongly with the normal whiteness of the adjacent parts. The alterations in the posterior roots proceed correspondingly with the changes in the posterior columns. In Topinard's forty autopsies these roots were altered more or less in all but

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* *Op. Cit.*, p. 310 to 387 inclusive.

† *Clinique Médicale de L'Hotel-Dieu de Paris. Tome deuxieme*, p. 534 *et seq.* Paris, 1865. I am indebted to Dr. Reeve, of Dayton, Ohio, the very able reviewer of Trousseau in the American Journal of the Medical Sciences, for his copy of this valuable work.

four cases. It is exceptional for this degeneration to invade the antero-lateral columns; it is ordinarily limited to the posterior columns.

There are no constant and characteristic alterations of cerebrum and cerebellum. The cranial nerves, whose functional derangement is a prominent feature in the symptomatology of this disease, are found to be more or less affected. In twelve cases carefully observed, two only, according to Topinard, presented no evidences of disease. The optic is probably more constantly affected than any other cranial nerve. The changes observed in it consist of an increase in vascularity, diminution in size and firmness, softening and atrophy, gray degeneration, and semi-transparency. Sometimes the atrophy is so considerable, that the nerve becomes transformed into a fibrous cord.

The description of the microscopic appearances by Dr. Axenfeld, quoted by Trousseau, is the most succinct, consistent with clearness, that has fallen under our observation. According to this author, the white substance of the posterior columns becomes gray or yellowish, and the nerve tubes, pale and shrunken, are sometimes reduced to the mere envelop containing granular contents. But few of them preserve the cylinder axis. An increase of the conjunctive hyaline substance in which the nerve tubes are implanted, gives to the nerve substance a fibrillar appearance; and there may be found here, in greater or less abundance, amyloid corpuscles, recognizable by their reaction with the tincture of iodine. In the posterior cornua of the gray substance there occur the same alterations, but to a less marked extent. The changes in the posterior roots do not differ from those of the corresponding column. The vessels also are seen to be considerably enlarged, their coats thickened and incrusted with fat granules. "To sum up," says Axenfeld, "all of these alterations clearly consist in an atrophy of the nervous elements."

Topinard (p. 335) also, after a very elaborate discussion of the microscopic appearances, sums up his conclusions in a few words: "The microscopic examinations have shown the essential lesion in the different parts of the nervous system to consist of a gray, semi-transparent, or as it is styled by Cruveilhier and Virchow, a gelatiniform degeneration with a progressive atrophy of the nervous elements, hypergenesis of the conjunctive substance, amyloid bodies, and molecular granules."

Are the above described alterations constant to all stages of this disease? Is the progressive locomotor ataxia, in any part of its course, a functional disorder? At what period do these lesions of the posterior columns and roots manifest themselves? These are questions of peculiar interest. It has been said that the case of Kelch was not one of progressive locomotor ataxia, because the symptoms were evolved in so

short a period of time, and were so much mitigated by treatment. Fortunately, the data exist for a solution of two of the problems proposed for our consideration. Let us take the testimony of Trousseau upon the first two questions. This ablest of modern physicians, in his lecture on this subject (vol. ii, p. 545–6), places this disease among the *neuroses*. He bases this opinion upon clinical observation, upon the nature of the symptoms which characterize the nervous troubles, upon the apyretic march of the symptoms, and upon the mode of evolution, the variety, and especially the mobility of the symptoms. "When," says Trousseau, "I assert that the malady is not subordinate to the existence of material lesions, I refer only to those lesions appreciable by our means of investigation." He quotes in support of this opinion the remarkable case observed by M. Gubler, in which, although the patient had been long afflicted with progressive locomotor ataxia, after death by variola, there was found *absolutely nothing* in the encephalon, in the medulla oblongata, and in the posterior columns and roots of the spinal cord. "The cord was, it is true, generally injected, but this may be explained by the paralysis supervening in the course of the variola." The optic nerves had undergone gelatiniform degeneration, and the *motores oculorum* were flattened, diminished in volume, but were not gray. In every other part of the nervous system the characteristic alterations were entirely wanting. Topinard, who gives the same case (p. 353), concludes that the preceding observation (case of M. Gubler) tends to demonstrate, 1. That the symptom ataxia is not the immediate effect of the gray degeneration of the posterior columns; 2. *That it may exist six months before the degeneration of the posterior columns manifests itself*, that is to say, without anatomical alteration appreciable by our present means of investigation; 3. That in the evolution, not only of the degeneration, but of the disease considered in its totality, the visible alteration of the optic nerves is anterior to that of the cord. To obviate the difficulty in accounting for the phenomena observed in Gubler's case not dependent upon anatomical lesions, M. Topinard invents the words dynamical alteration (*altération dynamique*), which, we may be permitted to observe, express no understood pathological law or doctrine.

A variety of clinical facts support the conclusions of morbid anatomy. A certain number of cases of progressive locomotor ataxia, treated early, are either cured, arrested, or decidedly ameliorated. We have already alluded to the case of M. Bourguignon (Topinard, p. 298), in which there occurred complete recovery, the case having progressed through its several stages in a period of six months. Topinard also gives a case (p. 305) admitted to the Hotel-Dieu in the service of Pro-

fessor Trousseau, in which very decided amelioration took place after one year and nine months of treatment. Dr. Radcliffe, physician to Westminster Hospital, in a recent lecture* on progressive locomotor ataxia, speaks of "two cases which justify a much more hopeful opinion" than is usually prognosticated. D. Meryon† gives a case for which he advised the twentieth of a grain of strychnia to be taken night and morning, and the employment of very weak cutaneous faradisation, in which, after five months' perseverance, "there is decided improvement." Further, the great apostle of this disease, Duchenne, affirms that he has cured by faradisation cases in his first stage. We may safely add to this array of testimony our own observation. What is the present state (May 1) of our patient, Kelch? The amelioration in all of his symptoms, described in the first part of this paper, continues, but he has not entirely recovered. A certain degree of ataxia remains, and is especially manifest when he rises from his chair and attempts to walk, or when he turns without using his eyes to direct his feet. Thus far we can only affirm, with regard to his case, that it is one of "decided improvement."

A careful study of the clinical facts and *post mortem* observations authorize the conclusion that in the beginning the progressive locomotor ataxia is a functional disorder, and that a certain number of cases, if not curable, are capable of very great improvement. The boundary between functional disorder and organic change is unfortunately not at all clearly marked in our clinical observations, and not well defined even by our present means of investigations in morbid anatomy. When does the degeneration commence in the posterior columns? The symptoms do not enable us to decide this question. Topinard, as we have seen, asserts that the ataxia may exist six months before any but a "dynamic alteration" occurs. The division of Duchenne into the three periods based upon the symptomatology is, therefore, an arbitrary arrangement.

DIVISION INTO PERIODS BASED UPON THE PATHOLOGICAL CONDITIONS.—In this view, the *first period* is one of functional trouble merely: the *second period* one of organic change. The first period is characterized by the mobility and intermittence of all the symptoms, their spontaneous disappearance, or the decided amelioration of them by treatment; the second by the persistence and progressive increase in the gravity of all the symptoms, especially the amaurosis and the

* *London Lancet*, January, 1866.

† Practical and Pathological Researches on the various forms of Paralysis. London, 1864.

difficulty in the co-ordination of voluntary movements. All of the phenomena in our patient, Kelch, would, therefore, be referred to the First Period, except the ataxia, which, persisting, probably inaugurates the Second Period.

Differential Diagnosis.—There can be little difficulty in the diagnosis of a pronounced case of progressive locomotor ataxia. During Duchenne's first period—the stage of functional disorder—it is not always possible to interpret the pains, the ocular troubles, and the anaphrodisia correctly. It is very important to recognize early the import of these symptoms, which may be done by attention to the order in which they occur, to their temporary character, and to their unaccountable disappearance. As the disease progresses the difficulties in diagnosis diminish. The particular maladies with which it is most liable to be confounded are myelitis, softening of the brain, and general paralysis. The pains, the muscular anæsthesia, the persistence of the thermoscopic sensibility, the urinary and genital troubles, the ataxia, nd the per sistence of the muscular force, clearly distinguish this disease from those above mentioned, in which these symptoms are wanting. Some excellent observations on the differential diagnosis have been made by Althaus, Hughlings Jackson, Radcliffe, and others in the *London Lancet* during the past year. All of these observers allude especially to the ataxia and to the persistence of the muscular force as diagnostic.

Etiology.—Topinard (p. 371), after a careful analysis of one hundred and nineteen cases, sums up his conclusions as to the causes of this disease in the following terms: "The progressive locomotor ataxia is a disease of mature age, more frequent in the male sex, in those who are addicted to excesses of all kinds, and who are exposed to humidity and to great fatigue. Among the temperaments, the nervous is the only one which certainly disposes to a particular form of the malady. Among the diatheses, the rheumatismal is the only one the influence of which is incontestible." Trousseau (vol. ii, p. 514) ascribes considerable importance to hereditary tendency. It will be found in many cases, he says, that the direct or collateral ancestors have been affected with other forms of nervous diseases.

The relation of sexual excesses to the production of this disease is an interesting question. We have already presented the opinions of Topinard on this point. The views of many of the German pathologists of the causes producing *tabes dorsalis* have descended from Hippocrates. "Tabes dorsalis," says Hippocrates,* "arises from the medulla

* De Morbis, lib. ii, cap. 19. I have already remarked that Dr. Adams assigns this work to the Cnidian school.

spinalis, and happens chiefly to those who are libidinous or lately married," etc. Celsus* alludes to similar effects caused by *nimia profusio seminis*. Van Swieten† repeats the observations of Hippocrates. Lallemand,‡ in his description of the "dorsal consumption," speaks of troubles of vision, amblyopia, diplopia, anæsthesia, and difficulties of locomotion, etc., resulting from spermatorrhœa. "It is impossible," says Dr. Meryon (*op. cit.*, p. 197), "to ignore the resemblance between this disease and that which is known as tabes dorsalis. Both may be occasioned by onanism or by excessive venery; both give evidence to the existence of irritation in the spinal cord; in both enuresis and spermatorrhœa frequently occur," etc. This view of the influence of sexual disorder can hardly be admitted. The venereal excesses and the spermatorrhœa must be regarded as symptoms, chiefly, of the mischief in progress in the spinal cord. Trousseau (*loc. cit.*) gives some striking facts in proof of this; cases in which the singular faculty existed of being able to repeat the sexual act frequently in a short space of time; "a deviation from the physiological state." One of these patients admitted to having intercourse six or seven times in twenty-four hours. The first symptom in our patient, Kelch, was a remarkable increase in the activity of his sexual desires; this, however, was quickly followed by profuse spermatorrhœa.

Was there any thing in the occupation or external conditions of our patient, Kelch, to account for the production of his symptoms? In his business, as a gilder, gold foil is the substance chiefly employed, and a small quantity of white lead in the preparation of the frames. The symptoms have been ascribed, by some persons unacquainted with the essential phenomena of the progressive locomotor ataxia, to lead poisoning. We might adduce, in answer to this doubt, two cases quoted by Topinard, in the first of which (ob. xxxiii) the symptoms were clearly those of lead poisoning (*intoxication saturnine*), but in the second, a painter (ob. cxcviii), all of the phenomena were those of the progressive locomotor ataxia. Kelch had never suffered from colic, paralysis, nor did he present any of the evidences of mineral poisoning, except the symptoms of the disease under which he labored, which may or may not be attributed to his occupation; most probably not. There is no evidence of hereditary tendency in his case.

TREATMENT.—The treatment of the progressive locomotor ataxia is a most unsatisfactory subject. The term progressive is unfortunately

* De Medicina, lib. iv, p. 187. Edit. Ed. Milligan. Edinburgh, 1831.

† Commentaries, vol. v. p. 85.

‡ Dictionnaire de Médecine. Art. Spermatorrhée, par M. Raige-Delorme.

too often most fitting; for no matter what therapeutical expedients we may adopt, the disease continues on its course. Much depends, however, as we have already seen, upon the period of the disease in which we find our patient. The very unfavorable prognosis ordinarily expressed, heretofore, must now be somewhat modified. The cases which we have adduced show that appropriate treatment may accomplish much, if employed during the stage of functional derangement.

Duchenne relies upon the iodide of potassium and faradisation. We have quoted two cases from the *Medical Times and Gazette*, in which the use of the iodide was followed by improvement. Dr. Hughlings Jackson says that this drug was of considerable benefit in one case under his charge, and without service in others. Our own case is a striking example of its value.

The nitrate of silver, proposed by Wunderlich, has been much employed with apparent advantage in some cases, but in many more it has failed utterly. The propriety of prolonged administration of this remedy is very questionable; at most the benefit is very doubtful, and its ill results are certain. Topinard attributes to this remedy the enteritis which has been observed in some cases.

Ergot and belladonna in combination proved very successful in the hands of Dr. Charles Taylor. Trousseau thinks favorably of the latter. Arsenic, oil of turpentine, and strychnia have also been used without any very decisive results.

The favorite remedies with the French are sulphur baths, douches, and electricity—cutaneous faradisation chiefly.

An improved hygiene is very important. The subjects of this malady are principally those who have been exposed, by reason of poverty and unhealthy occupations, to the common causes of disease. A more abundant diet, a purer atmosphere, warmer clothing, and cleanliness have in many instances apparently arrested the progress of the disease. These hygienic means should not be neglected in any case. Without their aid remedial agents will probably prove useless. Certainly the facts which we have presented in the course of this paper give us encouragement to persevere in the treatment, for, if not curable, we have every reason to hope for an arrest of the morbid action, an improvement in the symptoms, or a decided amelioration in all of the attendant phenomena.

MISCELLANY.

Virgil on the Cattle Plague.

Many full and laboured descriptions of Plague and Pestilence, as affecting the human body, have been written in various languages. The fullest are perhaps those of Hippocrates, of Thucydides and Lucretius (Book VI. v., 1136,) descriptive of the plagues at Athens, and of Boccaccio, on the plague at Florence, in the fourteenth century. The fullest account given in any classical writer, of a general murrain on cattle, such as that under which we are at this moment laboring, is by Virgil, in his third Georgic, commencing at line 470. Lucretius in speaking of the air (in a condition productive of disease), had just touched on this department of the subject:

> "Consimili ratione venit bubus quoque sæpe,
> Pestilitas, etiam pigreis balantibus aegror."---[Book VI., 1130.]

He, however, then leaves it, and continues his mighty and tragical description of pestilence, as affecting mankind, in one celebrated instance of history. Virgil passes by this topic altogether, and dwells for nearly one hundred lines on a very notorious visitation, preceding his own days, and falling on cattle and many various animals, which he distinctly names. The account is of such an extraordinary and generally interesting character, that all intelligent and instructed readers may find it well worth their attention at this present time. The English reader may peruse it in Dryden, written with his usual power and ability, but sometimes rather in the way of paraphrase than in that of an exact rendering. Our English author has certainly not been sparing in the full effect which he gives to all that is appalling in the narrative, and I may also add occasionally repulsive—not to use any stronger term. These things, no doubt, appear in the original, but being frequently relieved by touches of the most poetical and affecting kind and expressed in a dead language, they are much less calculated to strike the leader in this way.

After having noticed from line 440 many of the diseases with their origin, to which cattle were known to be subject, the Latin poet enters on the subject of our present attention in line 470.

Proceeding from the separate ailments—at all times seizing one or another among domestic animals, and declaring them to be not less frequent and numerous than the very winds on the winter waves of the sea—he enters on cattle sicknesses of an epidemic character, and in order to exemplify them, seizes at once on one of a special period and locality, which was no doubt of historical familiarity to those who were alive in his day. Its date is not given and, in all probability is not recorded so as to be known now, but the locality is expressed with considerable attention and accuracy. That was the ancient

Noricum, a part of the Roman Empire, and including a large portion of the present Austrian territory, in the districts of Styria, Carinthia, and their immediate neighborhood. Salzburg would have been included in it. I mention this town as known to English travelers. The scene of the visitation is also mentioned as extending to the country bordering, in a north-easterly direction, on the Adriatic Gulf. This may, perhaps, suffice for the Geography of the subject. Virgil most poetically begins his terrible account with conveying his hearer to a scene of desolation, as visible in his day, to ruined castles on high, to realms deserted by their former pastoral inhabitants, and to groves, once populous, but now a mere wide solitude. Here he proceeds to tell how once in the hot days of a glowing autumn, that pestilence arose which had been the cause of all this devastation. He merely attributes it to the state of the air—briefly and impressively saying that it was "*Morbo coeli*"—that it reached all sorts of cattle and flocks, then passed on to the wild animals, corrupted the lakes and infected the pastures.

Its effects on the body of the cattle need not be transcribed here in any length or detail. To do so would, in fact, merely be a recital of much which has recently appeared in medical and sanitary descriptions of the cattle plague as with us now—of the fever, the disturbance of the blood, the cough, the drawn or distended flank, the perspiration, the chills, the unnatural feeling of the flesh when touched, the troubled eye, the groan, the pining away, the death. Such may suffice for this part of the subject. It would be absurd to claim for this slight article any sanitary aim of the least importance. It is merely historical and descriptive, and helpful, perhaps, to remind us of the wise man's declaration: "The thing which hath been, it is that which shall be, and that which is done as that which shall be done, and there is no new thing under the sun" (Eccl. i. 9). Among the effects of disease, Virgil notes its sudden character. In this it seems different from that of our own time. The victim at the altar drops down suddenly, even among the sacrificing priests; this gives occasion for those lovely and touching lines of the original:

> "It tristis arator,
> Mœrentem abjungens fraterna morte juvencum,
> Atque opere in medio defixa reliquit aratra."—517-19.

The ox dies in harness at the plow, and subsequently the very bird is described as falling down, headlong and dead, while on its airy flight. But this last notice may now prepare us for the strange extension of the plague, as told in the poetic narrative. After the cattle, dogs are first mentioned as affected by it; then pigs, then horses. The most favorable circumstances had no power to avert or stop contagion, neither the shade of groves, nor the soft pastures, nor the purest streams. The temperance of animals as opposed to the intemperance of man is beautifully applied, but spoken of as all in vain to secure deliverance. Dryden's translation or paraphrase of this singular passage may be introduced as a specimen of his mode of dealing with the subject. Speaking of the ox, he writes:

"Now what avails the well-deserving toil
To turn the glebe or smooth the rugged soil?
And yet he never supped in solemn state,
Nor undigested feasts did urge his fate,
Nor day to night luxuriously did join,
Nor surfeited on rich Campanian wine,
Simple his beverage, homely was his food,
The wholesome herbage and the running flood,
No dreadful dreams awaked him with affright;
His pains by day secured his rest by night.'

But to continue the list of affected animals. Those of a wilder nature were attacked—the wolves and the stags. Then the fish suffered on the neighboring shore, refuting, if true, the statement of naturalists, that contagion does not touch the inhabitants of the seas while in their own domain. The seal too, and the serpent tribe was attacked, even in its clefts and hiding places, and two lines of very remarkable beauty speak of the birds as destroyed by the pestilence, falling headlong, as before noticed, in their flight.

"Ipsis est aer avibus non aequus et illae,
Praecipites alta vitam sub nube relinquunt."—(546-7.)

And thus ends the sad catalogue of destructions as reigning in each element where life can exist, in earth, water and air. There is a grand description, towards the end of the terror and helplessness which attended them—of the incapacity of the ablest physicians to afford relief, being at their wits ends. And it is curious to observe the burial of the cattle mentioned as a lesson only learned after a long time of pestilence, and as the only mode of arresting destruction on the largest scale, (1,558)

So Dryden:

"Sheep, Oxen, Horses fall and heaped on high
The differing species in confusion lie;
Till warned by frequent ills the way they found,
To lodge their loathsome carrion under ground."

Neither could any part of the animal be used for any purpose whatsoever. The hides and the wool are specially described as affected with contagion, and if used, brought on sure and fearful death. The narrative and its accompaniments thus abruptly end.

How much of fable there is in it—how much of traditional exaggeration as to the animals whom the contagion seized—how much of positive exact truth and accuracy, we have no adequate means of ascertaining. Notwithstanding a few vague statements to the contrary, which have found their way into the papers, this specific plague in our day has hitherto been confined to one specific race of God's creatures and gifts to man among our domestic animals, but that a most valuable and important one. It remains to be seen whether it will continue thus limited. There can be no certainty. In the

vegetable kingdom the potato disease was followed by that among vines and other plants and trees. But let there be all hope and confidence in Him who is described as the preserver both of man and beast; while being forewarned we shall be forearmed, and even from a poet's narrative, of not far less than two thousand years ago, and telling of things, ancient even then, we of this century may learn some lessons for ourselves and carefully attend to the food, the cleanliness and general condition, in a sanitary way, of all those precious and most useful creatures, on which so much of our wealth and comfort depends. The excitement of the present moment, and the state and prospects of England, as affected by the Cattle Plague, though at present touching one race alone—namely, that of our herds—reminds us of its importance, as it were, with a trumpet tongue. The Queen's speech, the debates in the Lords and Commons, the employment of all the highest capacities of our most distinguished countrymen on one particular and most grave visitation, may remind us of the well-known scriptural history (1 King, VIII., 5,) where the King went one way and his Prime Minister another, through the land (as the King said) "that we lose not all the beasts." Their perils and distresses were from want of water, ours are from disease. Theirs needed all the full development of national and public energy, so do ours also.

FRANCIS TRENCH.

Islip Rectory, Feb. 17.—[*McMillan's Magazine, Lond., April*, 1866.

Medical Counsel.

Some barristers, who feel themselves unable to discuss the Medical bearing of a question, are in the habit of employing medical men to instruct them on the best mode of endeavoring to baffle medical witnesses, so as if possible to place the case in an equivocal light before a jury.

In short, there are some in the profession always ready to act as medical counsel and to be "retained" for the prosecution or defense as the case may be.

It is obvious that even if interference were prudent, under the present system of summoning medical witnesses, the law could not interfere to check the practice, which is certainly liable to lead to evil results; for the parties who give the suggestion, which may suit the purpose of an advocate, do not always act as witnesses, and therefore can not have their own means of knowledge or source of experience fairly tested; while the selected medical facts or opinions which they may communicate to the advocate may have the intended effect of confusing the minds of the jury.

Under these circumstances, the result must depend on the acumen and medical knowledge possessed by the jury who tries the case.

The question has been frequently asked, may not a medical witness honestly take up the defense of a prisoner? is it always certain that the case for the prosecution is indisputably correct? The latter question admits of a simple answer, which will show the course that may be fairly pursued. The

evidence for a prosecution may involve a serious medical error, as well as the evidence for the defense. Assuming, from his knowledge of the ascertained facts of the case, a witness believes *bona-fide* that the medical opinions for the prosecution are incorrect, or contrary to his own experience. He has a right to interfere and point out what he considers to be an error of facts or opinions; what he has to state however, in this behalf, should be publicly stated on oath, so that his experience, motives and honesty of purpose may be fairly and openly tested by a cross-examination. He should remember that his interposition is only justifiable in the interest of justice, as well as of the public, and not in the personal interest of the accused.

If he is retained and paid by the prisoner's legal advisers to defend the prisoner's interest, wholly, irrespective of the public interest, he is simply a medical counsel or advocate, and any professional opinion which he gives in the witness box should be rejected on the principle that no advocate should be a witness and no witness an advocate.

Under these circumstances his evidence is given for a special purpose and paid for accordingly, and it would be contrary to human nature to suppose that a witness, so situated, could give those free and unbiased opinions which are required for the guidance of a jury. It is this kind of interference, on the part of some medical and scientific witnesses which has laid the whole profession under a general censure.

When, as in certain criminal trials, men thus hire themselves solely for the purpose of defense, that is, to rescue an accused person from the penalty due to a crime which there may be strong reasons to believe he has committed, they may justly be called, in the language of a great lawer, traffickers in evidence. It is not suprising to find that evidence should be manufactured on such occasions to meet the requirements of the defense.

In one important case (Reg. v. Tawell, Aylesbury Assizes, 1845,) a woman died from the effects of prussic acid, and a fatal quantity of that poison, amounting to one grain, was clearly discovered in the stomach of the deceased by an experienced chemist. As from the moral and circumstantial evidence the guilt of the man could scarcely be disputed, an attempt was made to destroy the chemical evidence, and to impose on the common sense of the jury, by the statement that deceased had eaten some apples; that the pips of apples contained the principle for producing prussic acid in the human stomach, and that the poison found in this case, has resulted wholly or in part from the apple pips!

This monstrous chemical proposition met with no acceptance from the jury; they preferred the doctrine of common sense to this pseudo-scientific theory. The interference in this case for the defense could not have been based on any bona fide belief that the chemical evidence for the prosecution, on which the conviction of the prisoner chiefly turned, was untrustworthy.

The inventors of this hypothesis had not the excuse that public justice, or the life of an innocent man was in danger from any medical or chemical error, and the only other object which can suggest itself is, that they worked

to procure the acquittal of the prisoner, by endeavoring to mystify the jury and mislead the court on a simple scientific fact. A striking instance of an attempt to deceive a jury in a civil case, by manufacturing chemical evidence, occurred a few years ago under my observation. An action was brought against a company for alleged damage to cattle by the smoke of a flue connected with some lead works. It was said that plaintiff's cattle had been poisoned to a great extent by the deposit of lead on the herbage for a great distance around. The grass, shrubs, hedges, etc., on the plaintiff's ground underwent an inspection, or review, before the trial, by chemists on both sides, attended by some members of the special jury; but no deposit of lead could be seen anywhere, nor was any pointed out to those who attended on the part of the defendants. During the trial in Court, however, a cut branch of a tree was produced, and this was covered by a well marked white deposit (white lead) concerning which there could be no doubt whatever. The chemists on the part of the company, however, made this observation—the under surfaces of the leaves were as much covered with white lead as the upper surfaces—a circumstance not consistent with the supposed deposit from a flue. But a still more surprising condition was noticed—the *cut surface* of the branch was as much covered with a white deposit as the bark and leaves. It was difficult to conceive that this could have arisen as a deposit from a flue, and the facts appeared to be only explicable on the theory that a branch of a tree had been secretly dipped into defendant's lead washings and dried—the person who performed this experiment, not having been sufficiently careful, or thoughtful to keep out of the water the cut end of the branch! This would probably have gone to the jury as evidence of a deposit of lead from the flue; but, as the subject had attracted the special notice of defendant's witnesses, those who were interested in the plaintiff's case quietly withdrew the branch and thrust it under the table of the Court. Such practices are not calculated to give a high value to chemical evidence, but I believe conduct of this kind to be quite exceptional.—[*Taylor's Principles and Practices of Medical Jurisprudence, London.* 1866.

"The Old Masters."

There is a tendency abroad to exalt the present generation of Medical inquirers, and the results attained by them, at the expense of those who have gone before. The feeling, not unnaturally, arises out of many advantages which we possess, in regard to the means at our disposal of conducting scientific investigations, and yet more perhaps from the increased number of explorers, and the consequent possibility of combining the work of many into one focus. Although neither my age nor my inclination would lead me, nor, I hope, ever will lead me, to be in the gloriation sense, a laudator temporis acti, or a castigator juniorum; it is a source of little pleasure to find, whenever referring to the classical authors of our profession of by-gone ages, that so much of what is current in our present literature, and so much even of what is daily brought forward as original, was known and appreciated by

men who are now held in comparatively small esteem. It is indeed humiliating to make this observation; and yet we dare not ignore the fact, if we wish to form a correct estimate of our powers and of our prospects. This is one of many reasons why the history of medicine ought not to be neglected, and why it is desirable that, in our search after facts which only the modern appliances can open to us, we should constantly, and with due reverence, look back to the master minds of former ages. I submit, also, that the study of the old masters has a peculiar influence in toning the mind, and restoring to it the balance which the hurry and turmoil of the present is too liable to disturb. While we should avoid blindly following them, we should employ them to mirror ourselves in, or use their works as a standard of impartial comparison. In no science is a strict discipline of the mind, probably more necessary than in our own; in none, it appears to me, is it generally regarded as less important, as an essential element in the acquirement of the higher ranges of a science, a knowledge of its development, of its history, seems paramount, and yet, I fear, that the majority of us have cultivated all the fields of medical knowledge more seduously than the history of our profession. I know not whether my remarks find an echo among my hearers; but they will probably suggest themselves to those who have been tempted to refer, from curiosity or real zeal, to the descriptions of disease given by the ancients. Though their terminology often appears strange and uncouth, still if we analyze our own views, and the knowledge actually at our command on given subjects, we not unfrequently find that the difference consists rather in words than in realities. To few questions are these observations more applicable than to the one of daily occurrence—the nature of nervous phenomena. The convulsive affections are now, as they were in Galen's time, an enigma which no Œdipus has yet solved; and the empiricism of ages has not succeeded in determining the question of treatment.—[*Dr. Seiveking on Epilepsy, in Med. Times and Gazette, March*, 1855.

Southern Ohio Lunatic Asylum.

Eleventh Annual Report of the Board of Trustees, 1865.

Ohio has just reason to be proud of the number and character of her benevolent institutions. She takes the lead among the states west of the mountains and we believe need not fear a comparison, in this respect, with any of the older commonwealths. In her provision for the insane, she has been especially liberal, and every endeavor which philanthropy and the enlightened spirit of civilization could suggest, seems to have been made to provide and restore to health this unfortunate class of beings. Sad it is then to learn, as we do from the report, that the aid rendered has not yet equaled the demands made upon it; that notwithstanding the Northern, Central and Southern Asylums, and the mammoth institution at Carthage, many cases have to be turned away from the doors of these havens of refuge, and fall back upon the inadequate resources of county infirmaries, or even the tender mercies of the common jails. Sad it is, but so it is, and in view of the

fact, Dr. Gundry urges the enlargement of the asylum of which he has charge, by the completion of the original plan, which provides for an additional wing upon each end. This would give several more wards and accommodation for a considerably increased number of inmates. The course justly pursued now is to discriminate in favor of recent cases, turning out those cases of longest standing. Upon this point we quote from the report, agreeing with the writer, that there can be no question as to the necessity of action in the matter, and hoping there may be no doubts as to expediency or ability.

"If a state or community can not provide for all its dependent classes (especially the insane), it is of course better to care for those who can be restored to the independent and producing classes—better as a matter of humanity, and certainly better as a question of political economy. Ohio, in effect, provides for that class of persons presumed to be curable, and temporarily for such of the other class whose room may not be required for the time being; but where the two classes come into collision, supposing the asylum to be full, and a recent case seeks admission while a chronic case already enjoys the benefit of the institution, the latter must give way for the presence of the former. The state no longer provides for him. His family or the county must for the future sustain him. While I firmly believe that this policy of our state keeps down to its minimum the chronic and incurable insane, instead of increasing their growth by keeping them to the exclusion of the recent cases, it is always a matter of most painful regret when occasion requires the transfer of a chronic case to make room for one recently afflicted. Disguise it as we may, the benefit received by the latter is earned at the expense of the other, and that too at a time when the very hopelessness of his case demands our care and forbearance. The more hopeless he is, the more forbearance, the more sympathy, the more protection he needs. The weaker his manhood, the stronger his claim upon us. As the feeble efforts of a little child compel a strong man to do what neither blandishments nor threats from his equals in age and strength would effect, so the cowering, helpless, forlorn state of the chronic insane, appeals to the care and protection of our powerful state. And the noble course hitherto pursued by Ohio towards its various dependent classes forbids a doubt as to recognition of the claims of this distressing and increasing class. The only question I take it, and that is not my province to discuss, is as to ability and expediency of doing so, in view of other and pressing claims. This point is exclusively within the power of the legislature to determine." [Since the above was written, the Legislature has passed a law in accordance with the above suggestion.—Eds.]

During 1865 there were in this institution, remaining from previous year, and received, 115 males, 142 females, total 257.

Discharged as recovered, males, 22, improved 3, unimproved 7, died 8; total 38. Discharged as recovered, females, 31, improved 6, unimproved 5, died 6, total 48.

In May last, Dr. Wm. Bell was appointed assistant physician and entered upon the discharge of his duties.

The health of the inmates seems to have been good during the present year,

the statistics compare well with other institutions of similar character, and we know it to be from personal observation as well as from the testimony of other and more experienced observers, a well conducted institution and creditable to the gentlemen having charge of it.

We must refer to the report itself for useful and interesting information, which space will not permit us to present.

An Inconsistant Reviewer.—The *British and Foreign Medico-Chirurgical Review*, October, 1865, contains a very favorable review of Dr. Hodges' great work on Obstetrics. In this review, however, the following sentence occurs: "We really think that the history and description of the Sigaultian operation contained in chapter XV., might well have been omitted in a work on obstetrics bearing the date of 1864." We do not dispute this judgment, only we wish the judge to be consistent for at least six months! In the last number of the *Review*, April, 1866, there is a notice of "Playfair's Obstetric Operations," published in London, 1865, this very work containing a chapter on the Sigaultian operation, and no rebuke on the part of the reviewer! Why Dr. Playfair may publish in 1865 what Dr. Hodge should not have published in 1864, we do not know.

Doctors will Differ—The *St. Louis Medical and Surgical Journal* thus speaks of Dr. Flint's work on Medicine. "Dr. Flint's work is as good as most essays of this sort. We can not, however, regard it as an improvement on Watson's Practice, which has been in vogue these twenty years past. Indeed, all the works on the principles and practice of medicine are very much alike; first some general considerations on the elements of disease—the hyperæmias, anæmias, hypertrophia, atrophia, etc. Then come the special diseases, that is to say, the inflammations of the various organs, and the fevers, and so "ends their catechism."

"We never expect to read another work on the practice of medicine. We may, as we have done with this volume, glance at the first chapter—perhaps a whole chapter—but the whole work we shall not read: we know beforehand that it would not pay. Nevertheless, for the student and the young practitioner this work would do just as well as any other. Dr. Flint has been a student, and his work is, we think, '*au courant*' in regard to the present state of medical science."

Now *per contra*, read the *Buffalo Medical and Surgical Journal*, we can give but the commencement and conclusion of its eulogistic notice: "We have been awaiting the appearance of this work with great expectation that it would furnish the practitioner a correct therapeutical guide, which desideratum has not heretofore been furnished the profession." "The great practical experience of the author, his careful observation of the phenomena of disease, and his habit of accurately noting its varying manifestations during a long period of professional life, together with his distinguished abilities as a teacher and writer, combine to make this book of inestimable value, as the

recorded experience of one of the clearest and best educated minds ever devoted to the theory and practice of medicine. Dr. Flint's *Theory and Practice of Medicine* will be eagerly perused by all our readers—will be regarded as the *Bible* of practical medicine."

Dr. John F. White complained, and we think justly, of the report of his remarks in the Cincinnati Academy of Medicine, and published at page 205, in the April number of our journal. From the report of the proceedings of the Academy made by the Secretary, Dr. Graff, we find that Dr. White remarked as follows: "In the collapsed stage had no faith in internal remedies, and considered *drugging cruel.* Would give water '*ad libitum*' externally or internally, hot or cold to suit the patient. Believing the emesis and purging necessary for the elimination of the poison, he scouted the idea of that English booby who proposed corking up his patient, in the hope of the reabsorption of the serum with the intestine. Looked to the lungs and capillaries as at fault, and relied on treatment based on common sense. To give calomel or any other drug when absorption was impossible, he considered worse than useless. In reply to some remarks by Dr. Almy, Dr. White was not opposed to calomel when it could do good, but in collapse, considered it worse than useless."

The convalescence of Prof. Oppolzer, who has been dangerously ill of fever, is announced, to the great joy of the Vienna students, who are already preparing an ovation for him.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits, illustrated by numerous cases and engravings. By William Roberts, M. D., F. R. O. P., Lond., *Physician to the Manchester Royal Infirmary, Lecturer on Medicine in the Manchester School of Medicine.* American edition. Published by Henry C. Lea. Phila.

This book of nearly six hundred pages is the most complete and practical treatise upon renal disease we have examined. It is peculiarly adapted to the wants of the majority of American practitioners from its clearness and simple announcement of the facts in relation to diagnosis and treatment of urinary disorders, and contains in condensed form the investigations of Bence Jones, Bird, Beale, Hassall, Prout, and a host of other well known writers upon this subject. The characters of urine, physiological and pathological, as indicated to the naked eye as well as by microscopal and chemical investigations are concisely represented both by description and by well executed engravings.

The book is strikingly free from that profuse and complex use of chemical and microscopal nomenclature which makes many valuable works unpopular with American physicians, though it should not. The chapter upon cystic degeneration, cancer, and tubercle of the kidneys is most important, and these diseases more fully treated of than in any other work, while the complete review of entozoa of the kidneys and anomalies of position, of form and number is entirely new; at least these subjects are hardly mentioned in other works upon urinary and renal disease. W. B. F.

The amount of castor oil manufactured in the United States is estimated at 300,000 gallons, one half of which is manufactured by Baker & Brothers, N. Y. This firm imports its castor-bean from the East Indies—about 75,000 bushels annually. The Agricultural Department urges its more extensive cultivation in the United States. The castor-bean plant is stated to be perennial in Los Angelos Co., Cal., growing the thickness of a man's thigh. In Randolph Co., Ill., and adjoining counties, it has been cultivated, yielding at least 20,000 to 30,000 bushels a season, the price at present varying from four to five dollars.—*British Med. Journal.*

Is the Negro subject to Hare-lip?—We find the following in the *Western Lancet*, June, 1845. We reproduce it for the purpose of eliciting an answer from any one of our readers who may have met with an instance of this deformity in the colored race. We have never met with a case in the negro. (G. C. B.) "This may seem to be a question of no importance, and yet we feel desirous to ascertain the truth in the premises. Of the thousands of negroes we have seen in slave and free States, not one, of any complexion had hair-lip. We have conversed with gentlemen who have resided years in slave States, and their observation coincides with our own. Here and elsewhere, the deformity forces itself upon us very frequently, but it is exclusively confined to the whites. Is this disparity in the races general throughout the United States, and if so, is there a philosophical reason for the difference. We put this inquiry to the profession at large and very respectfully solicit their attention to it."

Excision of Spleen.

Our readers will remember that we recently noticed an operation of this kind performed by Spencer Wells. We find in the *British Medical Journal*, Feb. 3, the following: "The following sentences, which occur in the first volume of an English translation of Pliny's Natural History, published in London in 1601, may have some interest at the present moment. Mr. Spencer Wells says that the idea of removing an enlarged spleen first occurred to him in 1862. Pliny lived one thousand eight hundred years ago. "This member hath a proprietie by itself sometimes to hinder a man's running; whereupon professed runners in the race that bee troubled with the spleene, have a devise to burne and wast it with an hot yron. And no marveills, for why? They say that the spleene may be taken out of the bodie by way of incision, and yet the creature live nevertheless; but if it bee man or woman that is cut up for the spleene, hee or shee looseth their laughing by the meanes. For sure it is that intemperate laughers have always great spleenes."

Dr. Bowring, in his "*Observations on the Oriental Plague*," thus alludes to the Turks: "The theory of the contagionists is this, that the belief in fatalism, the doctrines of irrevocable destiny, are the causes which induce the Mohammedan population to expose themselves unhesitatingly to the perils of the plague. But I never could discover that the doctrines of fatalism led them to subject themselves unnecessarily to other diseases

and dangers. I never observed them wanting in prudence to avert, or in sagacity to avoid, the ordinary perils of life. The firman of the Sultan, which established a Board of Health at Constantinople, has the following expressions: "Though to shun the evils with which God visits us would be to pretend to immortality, it is allowed us to fly from the house we inhabit, if that house be threatened by an earthquake; and it is allowed us to pass rapidly by a wall which is about to tumble down; so ought we to preserve ourselves from the danger of the plague, for according to the spirit of the noble law (the Koran), *the plague is like a fire which destroys all it touches.*"—*Dub. Jour. Med. Science.*

Indiana State Medical Society.

The Indiana State Medical Society met at Indianapolis, May 15. The attendance was large. Fifty-seven new members were elected.

Papers were presented on the following subjects: Address on Effects of Climate and Temperature upon Health and National Character, by the President, Dr. M. H. Harding, Lawrenceburgh; Cholagogues, Dr. V. Kersey, Richmond; Cholera, Drs. L. R. Johnson, Cambridge City, Dr. Wm. F. Hawey, Plainfield, Dr. R. E. Haughton, Richmond; Radical Treatment of Inguinal Hernia, Dr. James Thompson; Progress of Medicine, Dr. H. C. Cole, Kokomo; Surgical Treatment of Vesico-Vaginal Fistulæ, Dr. Theophilus Parvin, Indianapolis; Excision of Bone, Dr. J. A. Cominger, Indianapolis; Entozoa, Dr. Wm. B. Fletcher, Indianapolis.

Dr. Wm. F. Dunlap of Springfield, Ohio, present as a delegate from the Ohio State Medical Society, at the request of the Society, addressed it upon the subject of ovariotomy, giving the results of thirty-three cases operated upon by him, with many details and suggestions as to the operation. Dr Kincaid was also present as a delegate from the Ohio State Medical Society, and participated in some of the discussions.

The Society by a unanimous vote adopted a new Constitution, which makes it hereafter a Society constituted of delegates from county and local medical societies, but retaining all the present members as permanent members with the rights and privileges of delegates.

A Prize of a Hundred Dollars or more was resolved upon to be given at the next annual meeting, to the author of the best essay on a subject to be made public soon in the medical journals.

Dr. V. Kersey of Richmond, was elected President for the ensuing year.

The Society adjourned to meet at Indianapolis on the third Tuesday of May, 1867. L. D. W.

We received the report of the proceedings of the last meeting of the American Medical Association too late for notice in our present number. Our readers will not forget that our own State Society will meet at the Ohio White Sulphur Springs on the third Tuesday in June. Committees to report: are—Applications of the Microscope, Dr. D. W. Kinsman; Military Surgery,

Drs. Barr, McDermott, and Gay; Therapeutics of Zymotic Diseases, Dr. E. B. Stevens; Obstetrics, Dr. T. A. Reaney; Special Uterine Diseases, Dr. W. C. Hall; Diseases of the Eye, Dr. E. Williams; Surgery, N. Dalton; Necrology, W. P. Kincaid; System of Public School Instruction, Dr. W. B. Davis, chairman.

Among the deaths of eminent medical men recently recorded we find the names of Benjamin Guy Babington, of Guy's Hospital, London, Dr. E. J. Seymour, of St. George's Hospital, London, Dr. Thomas Hodgkin, of St. Thomas' Hospital. In our own country we have to lament the loss of Dr. Joseph M. Smith, so long identified with the College of Physicians and Surgeons, N. Y. and the New York City Hospital; also of Dr. E. D. Fenner, of New Orleans.

Anæsthestics.

During the past month we have tried at St. John's hospital the *nitrous oxide gas* in a case of Chopart's amputation of the foot. It was administered by Dr. Colton, and in less than a minute the patient, *æt.* 67, was completely insensible; indeed, to the physicians present, his condition seemed alarming. This appearance, we understand, is not uncommon, but we are informed by Dr. Colton that, as in our patient, they quickly rally from the effects. To-day (May 25th), we performed lithotomy on a subject to whom we should have hesitated in giving chloroform. Ether was applied by means of Richardson's *spray-ether-douche.* Dr. William Carson of our city had the kindness to apply it for us, using an instrument which he had recently procured from London. The patient had a very bad stricture, and the stone was of large size. We performed the medio-bilateral operation of Civiale, which method we have adopted in quite a number of cases, and have been highly pleased with it. The *douche* was used for 2½ minutes, and the incision into the bladder gave no pain. It was not used during the extraction of the stone, which was large, its removal requiring several minutes. The whole operation, including that for the stricture, we understand, was accomplished in ten minutes. The patient rallied well, and now, some 72 hours after the operation, is in an excellent condition. We shall return to this subject in our next number.

Errata.—(Several errors occur in the writer's contributions to the present number of the *Journal*, in consequence of his not having had an opportunity of correcting the proof. A few of these errors he desires to point out.—T. P.)

On page 276, there should be no comma between "Graily" and "Hewitt;" and there should not be a period and space in the seventh line, but "diseases" should be followed with a comma. On the same page *intro* should be *intra*, and *aroused* should be *around*.

On page 283, line 27, for "and more and more," read "and much more." In the last line of the same page for "Buckmill, and Tube Conolly," substitute, "Buckmill and Tuke, Conolly."

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